Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services

VISN 9

Market Plans

Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

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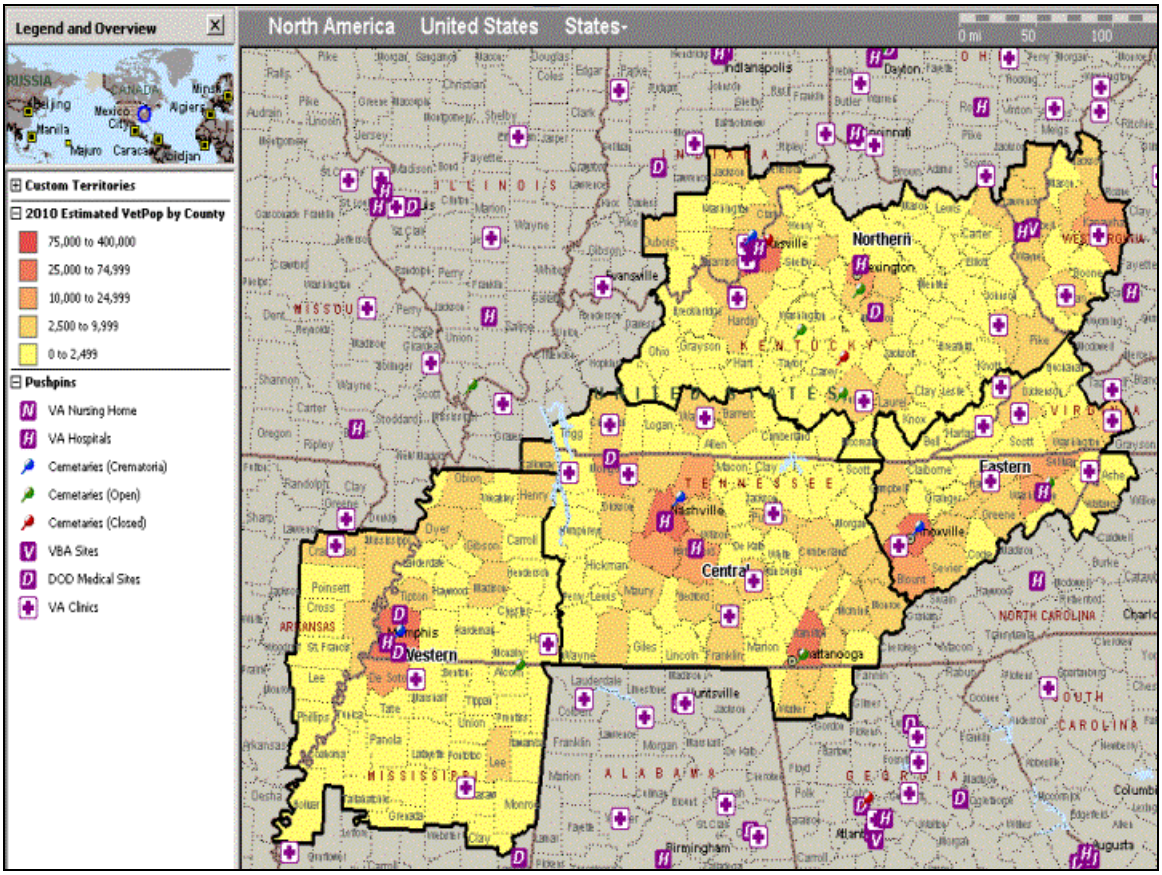
I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN Markets



2. Market Definitions

Market Designation: VISN 9 is proposing 4 CARES Markets and 4 Sub Markets as follows:

Market	Includes	Rational	Shared Counties
Central Market			
Central **Code: 9A**	56 counties in Tennessee, 14 counties in Kentucky, and 5 counties in Georgia 75 Total Counties	The Central markets consist mainly of counties in Tennessee with some counties along the Tennessee/Kentucky border and a small part of Georgia. A significant portion of this market area is facts growing and there will be segmentation of this area into two sub markets. The Nashville and Murfreesboro VAMC's are the primary historic VA facilities in this market area and there are two urban areas, Nashville and Chattanooga, which will require zip code analysis for further segmentation. There are numerous interstates that cut across this market area including I-65, I-40 and I-75 and in general there area fewer natural barriers across this geographic areas then in the other markets identified. This is a large single market area, which is proposed to be divided into two sub markets with the Nashville and Murfreesboro VA Medical Centers as one focal point and a sub market around the Chattanooga area of south central Tennessee and North Georgia.	No shared market issues were identified with wither VISN 7 to the south of Chattanooga, or VISN 15 to the west even though there are a few Kentucky counties assigned to VISN 15 while the majority of the state falls within the VISN 9 Northern and Central markets.
Sub-market Central 1 **Code: 9A1**	35 counties in Tennessee and 14 counties in Kentucky 49 Total Counties	This sub market was established based on current and historic utilization patterns and the core interstate paths of I65 traversing N/S and I 40 traversing E/W. There are two VA Medical Centers servicing this area, which includes not only the urban area of Nashville but two of the fastest growing areas in Tennessee, Clarksville, which includes the Ft. Campbell DOD facilities, and the Smyrna/Murfreesboro area of Rutherford county.	There are no shared counties in this market even though there is a shared border with VISN 15
Sub-market Central 2 **Code: 9A2**	21 counties in Tennessee and 5 counties in Georgia 26 Total Counties	The Central 2 sub market was delineated based on the Chattanooga OPC being the core site and the interstate corridors of I75 and I 20. The presence of a pilot program for purchasing inpatient services has resulted in high demand for services in a very concentrated high growth area including Chattanooga and northern Georgia.	While there is shared border to the south with VISN 7 there were no shared county issues.

Market	Includes	Rationale	Shared Counties
Eastern Code: 9B	19 counties in Tennessee, 4 in Kentucky, 10 in Virginia, and 3 in North Carolina **36 Total Counties**	The East market area has a number of counties in three states with the greatest number of counties in Tennessee but also counties in Kentucky and Virginia. This is the only area where there is going to be addition of counties which were not historically assigned to VISN 9. There are three counties in North Carolina and one in Virginia, which should be considered as part of this market area and move from VISN 6 to VISN 9 based on the actual utilization of veterans and roadway access. There is one defined urban area , Knoxville Tennessee which will require additional zip code analysis for future market segmentation.	In discussion with VISN 6 it was agreed that VISN 9 would take the planning lead in Avery, Ashe, Watuga North Carolina as well as Smythe Virginia. There are no other shared market issues related to the Eastern Market.
Western Code: 9D	**20 counties in Tennessee, 25 in Mississippi, and 8 in Arkansas** **53 Total Counties**	The West market consists mainly of counties in Tennessee with border areas of Mississippi and Arkansas. This area has traditionally been served by the Memphis VAMC and there are some natural boundaries including the Mississippi and Tennessee rivers and central interstate I-55 and I-40 systems that served as the central defining aspects of this area. The Memphis designated urban area will require additional zip code analysis for future market segmentation.	This market area shares borders with VISN 16 and 15 but there was no identification of any shared market issues with either VISN.

Market	Includes	Rationale	Shared Counties
Northern Market			
Northern Code: 9C	78 counties in Kentucky, 12 in Indiana, 10 in West Virginia, and 2 in Ohio **102 Total Counties**	The North market consists of counties in Kentucky and West Virginia with some bordering counties in Ohio, Indiana and Tennessee. The primary VISN 9 VA Medical Centers that would serve this area are Louisville, Lexington and Huntington VAMC's. Medical Centers from other VISN's that have some overlapping areas are mainly the Cincinnati, and Beckley VAMC's. The major interstates are I-65 and I-64 but a large segment of the eastern portion of this area is highly rural with no interstate access. The major urban area that will require further zip code analysis is Louisville Kentucky. This is a large single market that is proposed to be divided, east-west, into two sub markets one with the Louisville VAMC as the focal point and the second with the Lexington and Huntington VAMC as the focus.	In discussion with VISN 10 it was agreed that there are no shared market issues at this time but there should be continued scrutiny of the interstate corridor between the Lexington and Cincinnati VAMC's.
Sub-market **Northern 1** Code: 9C1	23 counties in Kentucky and 12 in Indiana **35 Total Counties**	This market area was defined based on the high concentration of veterans in and around the Louisville area and secondarily around the Ft. Knox DOD facility. The major interstate is I-65, which serves as the central N/S route. Jefferson county, where the Louisville VAMC is located has a vet pop of over 72,000 and this sub market has a vet pop of over 160,000 veterans and a fast growth rate in comparison to the North 2 sub market with 67 counties a vet pop of 200,000 and a slower rate of growth.	There were no shared county issues identified with VISN 15 or VISN 10.
Sub-market **Northern 2** Code: 9C2	55 counties in Kentucky, 10 in West Virginia, and 2 in Ohio **67 Total Counties**	This area is geographically large and spans both Kentucky and West Virginia. It is defined by interstate I65 E/W and I 75 N/S. The majority of this area is rural with highly rural areas in east Kentucky and West Virginia. While this sub-market is served by, both the Lexington VAMC and the Huntington VAMC, the highest rate of growth is in the Charleston West Virginia area.	Shared county issues were discussed with VISN 10 but no significant issues or shared counties were identified

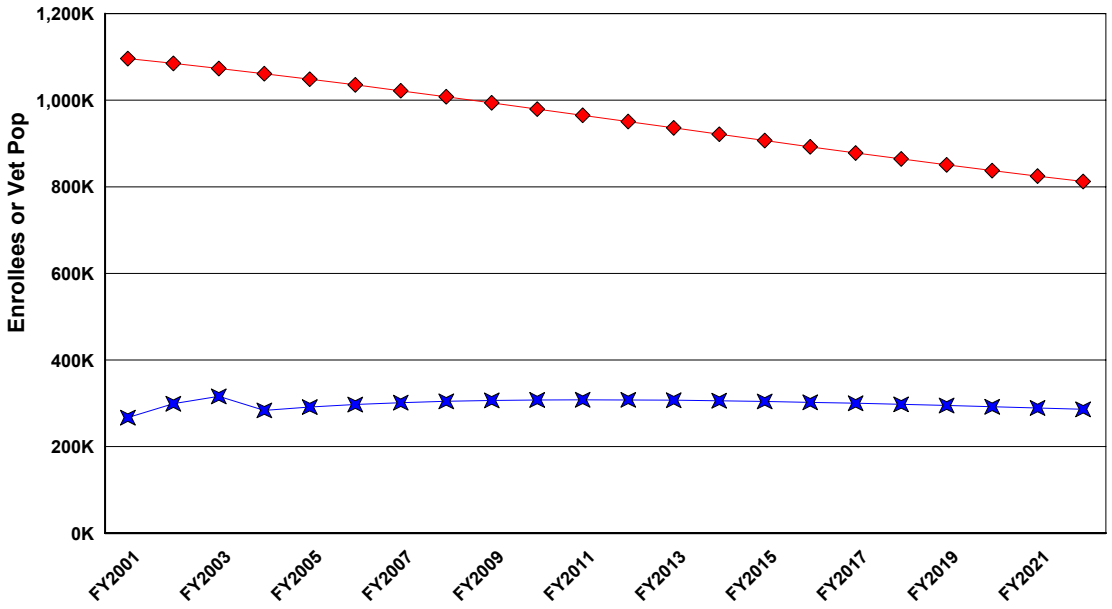
3. Facility List

Facility	Primary	Hospital	Tertiary	Other
Huntington				
581 Huntington	✔	✔	-	-
581GA Prestonsburg	✔	-	-	-
581GB Charleston	✔	-	-	-
581GD Williamson(Mingo Cnty)	✔	-	-	-
Lexington				
596 Lexington-Leestown	✔	-	-	-
596GA Somerset	✔	-	-	-
596HA Lexington	✔	-	-	-
Lexington - Cooper Division				
596A4 Lexington-Cooper Dr	✔	✔	✔	-
Louisville				
603 Louisville	✔	✔	✔	-
603GA Fort Knox	✔	-	-	-
603GB New Albany IN (Southern Indiana)	✔	-	-	-
603GC Louisville (Jefferson County)	✔	-	-	-
New Grayson County	✔	-	-	-
New Dupont	✔	-	-	-
New Scott County	✔	-	-	-
New Caroll County	✔	-	-	-
Memphis				
614 Memphis	✔	✔	✔	-
614GA Smithville	✔	-	-	-
614GB Jonesboro	✔	-	-	-
614GC Byhalia (Marshall County)	✔	-	-	-
614GD Savannah (Hardin County)	✔	-	-	-
New Dyer County	✔	-	-	-
New Madison County	✔	-	-	-

Mountain Home				
621 Mountain Home	✔	✔	-	-
621GA Rogersville	✔	-	-	-
621GB Mountain City	✔	-	-	-
621GC Norton	✔	-	-	-
621GD St. Charles	✔	-	-	-
New Hawkins-Sullivan	✔	-	-	-
New Morristown	✔	-	-	-
VATVHS-Alvin C. York Campus				
626A4 VATVHS-Alvin C. York Campus	✔	✔	-	-
626GF Chattanooga	✔	-	-	-
626GG Tullahoma	✔	-	-	-
626GH Cookeville	✔	-	-	-
VATVHS-Nashville Campus				
626 VATVHS-Nashville Campus	✔	✔	✔	-
626BY Knoxville	✔	-	-	-
626GE Clarksville	✔	-	-	-
New Sumner County	✔	-	-	-

4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	**Issue**	**Rationale/Comments Re: PI**
N	Small Facility Planning Initiative	No facility in this VISN is projected to have fewer than 40 beds in FY 2012 and FY 2022.
Y	Proximity 60 Mile Acute	The VISN is requested to consider mission changes and/or realignment of acute hospital care facilities that fall within the 60 mile proximity standard. Affected facility pairs include: - VATVHS-Nashville to VATVHS-Murfreesboro (34 miles)
Y	Proximity 120 Mile Tertiary	The VISN is requested to consider mission changes and/or realignment of tertiary care facilities that fall within the 120 mile proximity standard. Affected facility pairs include: - Lexington-Cooper Dr. to Louisville (73 miles) - Lexington-Cooper Dr. to Cincinnati-VISN10 (83 miles) - Louisville to Cincinnati-VISN10 (100 miles) - Louisville to Indianapolis-VISN11 (117 miles)
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

b. Special Disabilities

Special Disabilities Programs		
PI?	**Collaborative Opportunities**	**Rationale/Comments**
N	Blind Rehabilitation	Establish Visual Impairment Services Outpatient Program (VISOR). In addition, plan for low vision care clinics at tertiary facilities.
Y	Spinal Cord Injury and Disorders	Develop Memphis 20 beds (LTC).

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	**Collaborative Opportunities**	**Rationale/Comments**
Y	Enhanced Use	Lexington (Leestown Campus) Lease to State of Kentucky for Long term Psych facility. Consider these potential opportunities in the development of Market Plans.
Y	VBA	There is a potential opportunity for VBA/VHA collaboration at the VAMC Louisville, KY for review and analysis. Consider these potential opportunities in the development of Market Plans.
Y	NCA	There are potential opportunities for NCA/VHA collaboration that were found in the Northern (VAMC Huntington, WV - New) and Eastern Markets (VAMC Mountain Home, TN - Expansion) for review and analysis. Consider these potential opportunities in the development of Market Plans.
Y	DOD	There are potential opportunities for VA/DoD collaboration in the following locations: - Ft. Knox and VAMC Louisville, KY

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	**Other Issues**	**Rationale/Comments**
	Inpatient Domiciliary	Increased need for domiciliary beds was suggested in several markets. These projections are being further studied -- as are increased projected increased needs for NHCU beds.
Y	The PI Team identified the issue of Surgical program viability for VAMCs Murfreesboro, TN and Huntington, WV that the VISN will consider when developing Market Plans.	The VISN will review the viability of the surgical programs at the VAMC Murfreesboro, TN (Central Market) and the VAMC Huntington, WV (Northern Market). VAMC Murfreesboro is projected to need 12 surgical beds in FY 2012 and 10 surgical beds in 2022. VAMC Huntington is projected to need 7 surgical beds in FY 2012 and 5 surgical beds in 2022.

e. Market Capacity Planning Initiatives

Central Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	167,734		135,486	**81%**	102,986	**61%**
	Treating Facility Based **	190,362		150,584	**79%**	114,618	**60%**
Specialty Care	Population Based *	159,448		152,282	**96%**	135,745	**85%**
	Treating Facility Based **	174,766		180,898	**104%**	162,786	**93%**
Medicine	Population Based *	32,019		12,147	**38%**	6,844	**21%**
	Treating Facility Based **	35,413		12,100	**34%**	6,194	**17%**

Eastern Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	113,111		61,953	**55%**	27,355	**24%**
	Treating Facility Based **	100,408		24,895	**25%**	(3,689)	**-4%**
Specialty Care	Population Based *	95,898		107,859	**112%**	79,934	**83%**
	Treating Facility Based **	86,876		71,516	**82%**	45,724	**53%**
Mental Health	Population Based *	36,664		37,833	**103%**	20,667	**56%**
	Treating Facility Based **	37,834		31,255	**83%**	15,951	**42%**

Northern Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	215,950		185,992	**86%**	128,591	**60%**
	Treating Facility Based **	225,522		182,921	**81%**	125,589	**56%**
Mental Health	Population Based *	82,109		77,872	**95%**	44,261	**54%**
	Treating Facility Based **	71,963		74,832	**104%**	45,135	**63%**
Psychiatry	Population Based *	15,538		10,501	**68%**	5,085	**33%**
	Treating Facility Based **	10,863		10,410	**96%**	5,544	**51%**

Western Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	117,252		66,296	**57%**	45,398	**39%**
	Treating Facility Based **	118,334		61,017	**52%**	39,930	**34%**
Specialty Care	Population Based *	128,607		71,235	**55%**	58,743	**46%**
	Treating Facility Based **	131,318		62,562	**48%**	49,846	**38%**
Medicine	Population Based *	23,711		12,797	**54%**	7,559	**32%**
	Treating Facility Based **	24,667		12,501	**51%**	6,869	**28%**

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

Focus groups were held throughout the markets within VISN 9. Focus groups consisted of stakeholders, employees, physicians, and congressional staff. Planning initiatives were shared with the focus groups, comments were obtained, documented and included in the development of the planning intiatives. A second round of focus groups were held in which the proposed planning initiatives were shared and input obtained in the development of the final options. In addition, the market workgroups included representation from employees and labor partners.

Concerns and issues were addressed either during the focus groups or by efforts initiated by public affairs officers at the network and facility levels. Included in these initiatives were ongoing newsletters and updates during employee town hall meetings.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

In development of CARES service delivery options there were discussions and data review and analysis conducted with VISN's 6, 10 and 11. A tertiary proximity issue existed and involved discussions between VISN 9, 10 and 11. Overlap of the 120 mile criteria existed between the Indianapolis (VISN 11), Cinicnnati (VISN 10) and Louisville and Lexington (VISN 9)medical centers. Individual discussions were held with planning staff at both VISN 10 and 11 and a joint conference call between all three networks was held to review criteria, opportunities for collaborations as well as identify any potential barriers. The Indianapolis and Louisville VAMC's are 117 miles apart and just on the fringe of the CARES distance criteria. Historic tertiary workload shifts between the two facilities have been minimal and neither site identified capacity to consolidate requirements. Lexington and Cinicnnati are approximatly 85 miles apart, workload review indicated little cross network utilization of acute or tertiary services. VISN 10 indicated no current capacity to collaborate. Within VISN 9 Lexington and Louisville are 70 miles apart and an opportunity to consolidate tertiary requirements at one site is being pursued in response to the tertiary proximity issue. A collaborative opportunity between VISN 6 and 9 for a possilbe centralized inpatient facility at Charleston WV was reviewed but data analysis as well as discussion with VISN 6 indicated that the option was not cost effective and would have some negative impact on current access levels.

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

VISN 9 CARES Proximity

Central Market- Acute Care Proximity Nashville and York VAMC
VISN 9 CARES Central Market Group is composed of 75 counties in Tennessee, Kentucky and Georgia. Proximity and Mission Delineation Medical Centers that are currently within 60 miles of each other are to be reviewed for the potential for increased efficiencies.Over the course of the last two years there has been opportunities taken to consolidate and improve the efficiency of the organization and economies associated with consolidation of functions and alignment of the clinical activities of the two medical centers.

Option I:Retain both facilities with no additional consolidations of services
Retention of both facilities is recommended and closure of either campus was not seen as a viable option through further consolidation of activities and clinical program was determined as appropriate for further explorations.

Option II: Maintain only one of the two facilities
Neither the Nashville nor the York campus have adequate building space to absorb the function of the entire Central Market healthcare demand. There is not adequate land nor infrastructure at the Nashville campus to support the construction of additional facilities needed to support the long term care programs housed within the Murfreesboro Campus.

Option III Recommended Option: Maintain both facilities but consolidate services/integrate facilities Review of the current as well as historic mission of the two campus structure reveled a clear delineation of the Tertiary and specialist care support for the entire Central market that is provided at the Nashville campus and e Long term care support that has been historically provided at the Murfreesboro campus. The two affiliates that support the Central Market also have very distinct difference in support in teaching, education and research with Vanderbilt providing greater support for surgical and tertiary level programs and Meharry for primary care and psychiatry programs.

Northern Market- Tertiary Proximity VISN 9, 10 and 11

The North Market proximity issue focuses on the options that are available to improve efficiencies in providing tertiary services. Review of the clinical inventory indicates redundancy in tertiary services at Lexington and Louisville. Services are currently being primarily provided under contractual arrangements. Discussions were held jointly with VISN 11 and VISN 10 to address the potential for collaboration. Given the lack of movement of veterans between facilities, even for acute services, lack of capacity and the challenges faced by VISN 10 in addressing delivery of tertiary care services it was determined that little opportunity for consolidations exist between the three networks at this time.

Option 1. Maintain status quo. Both facilities are academically affiliated and provide high quality services to veterans of Kentucky and Southern Indiana. There is some overlap of care across primary networks and service areas but it is minimal. The Louisville VAMC has infrastructure issues which will necessitate either extensive renovation or all new construction in the very near future. Maintaining infrastructure at both locations will not be financially prudent. The option to continue or extend tertiary services at both sites is not recommended.

Option 2. Recommended Option : Consolidate the facilities at Lexington and Louisville to a complimentary mission configuration. The Lexington Cooper Drive facility is landlocked by the University of Kentucky and has little room for expansion. Parking space remains a critical issue. Opportunity exists to sell the Cooper Drive facility with divesting the property but leaving the option of sharing exchange or contracting for acute services with the University of Louisville who has offered to construct a new hospital and lease essential space to VA Louisville. The VA will consolidate the tertiary servi

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

SERVICE DELIVERY OPTION WESTERN MARKET-SPINAL CORD INJURY
LONG TERM CARE UNIT

Description: SCI projection models were developed through the combined efforts of SCI&D SHG officials and the Office of the Actuary (OACT) in collaboration with the National CARES Program Office (NCPO).

The model recommended is based upon actual FY01 SCI 'user-enrollees' as a market share of the prevalence model estimates based upon zip code mapping of actual FY01 SCI enrollees who have used VHA at any time since 1988. By linking the current user-enrollees to the CARES demographic Vet Pop databases by VISN, projected utilization is derived by calculating a market share of priority groups 1-4 prevalence estimates (based upon Lasfarques et al., 1995) plus 25% of veterans with multiple sclerosis based on state latitude adjusted VISN multiple sclerosis prevalence rates based on Bandolier (2001) and Myhr et al. (2001) Market share was calculated as a percentage (35%) by dividing current 'user-enrollees' by the SCI population described above (16,665/47,172) and

incrementally increasing market share to 69% in FY2022. Forecasts were then derived based upon current utilization rates projected forward using the user-enrollee estimates by VISN (population-based, updated for Census 2000).

Findings & Recommendations: LTC SCI bed development is supported for VISN 8 (Tampa), 9 (Memphis), and 22 (San Diego).

Objective: Provide customer focused, accessible quality health care.

Name of Identified Planning Initiative: Activate a 20 Bed Spinal Cord Injury Long Term Care Unit

Healthcare Quality and Need: The Western Market VISN 9 currently provides inpatient acute care and outpatient services for approximately 600 Spinal Cord Injury patients.

SAFETY AND THE ENVIRONMENT:
The VA Memphis presently has a thirty (30) bed ward that could be re-activated to accommodate the need for a long-term care facility for Spinal Cord Injury patients at Memphis. VA Memphis is presently authorized to use 10 beds of this ward. The total authorized beds for SCI at Memphis are 70 and staffing is based on 60 beds. The floor plan of the Spinal Cord Injury Unit is ten (10) beds on this ward are part of our active staffed beds.
Layout: The present space at the VA Memphis will accommodate the needs of a long-term care facility
Enough space: Based on the projected demand, we identified no need for additional new space. The space at the Memphis campus is sufficient to assume the additional demand.
Adjacency: This is not an immediate issue.
Code: No current code deficiencies were identified.
Accessibility: No accessibility issues have been identified and all current sites are ADA compliant.
Privacy: Not identified as an issue.
Conditions: Condition if space is good.

OPTIMIZING USE OF RESOURCES:
Life Cycle Cost: In that this ward is presently equipped with beds and other needed patient care equipment, there will be no major initial equipment needs and cost. However, this building is at least 10 years old and does require regular and routine maintenance.
Annualized Cost: Staffing Cost - $1,810,480
Utilization of Capital: Once the long-term care ward is activated, to comply with the 85% occupancy rate standard the number of authorized acute beds would be 60 and we would staff for 51 beds total.

VISN 9 Blind Rehab

Resommendation was to look at the potential for a VISOR program within VISN 9. While this was not a Planning Initiative consideration was given to where the current workload is bing generated , what the potential was for space in that facility was and what the impact would be on current referral patterns to VISN 7. Findings were that space, in Louisville VAMC, was inadequate at this time and referral couls continue to VISN7, item will be reviewed again in next cycle.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

VISN 9 Network PI's included surgical viability at Huntington and at Murfreesboro as well as special disability issue of 20 SCI LTC beds at Memphis and vacant space management within the network. Acute Surgery Beds Levels at Huntington VA MC requires review of viability of the surgical program at the Huntington VAMC. Acute surgical beds projected to be at 12 beds in FY 2012 and 10 in FY 2022. Huntington VAMC is an 80 bed facility ,primary and specialty care are provided on-site. Issues related to the surgical program including the current levels of activities at both volume and quality level were reviewed at the Huntington. Option 1: Recommended Option Maintain "status quo" with review of quality of care and utilization of current space capacity at 5-year intervals during the 2002 to 2022 time frame. Option 2: For peak periods (2012) of demand, consider contracting for those services that cannot be accommodated in the Kanawha county area. Option 3: Contract out surgical workload. NSQIP data has demonstrated that the actual performance, within narrow "confidence limits" actually places Huntington in the "best 1/3rd" for mortality and similar standing for morbidity when compared to National performance. In the near term, there is an anticipated increase in total volume of Surgery demand. Failure to provide these services would jeopardize the total quality of care. The CARES portal data for surgery inpatient demand actually projects a need for 9 additional beds for 2012 and a drop of only 5 of those beds by 2022. Acute Surgical Beds Murfreesboro Campus Central Market: VISN 9 CARES Central Market Group is composed of 75 counties in Tennessee, Kentucky and Georgia. The Acute surgical beds at the Murfreesboro VA Medical Center are projected to be at 12 beds in FY 2012 and 10 in FY 2022. Reviews of current practice demonstrated that the majority of inpatient surgery is conducted at the Nashville VAMC and the majority of inpatient beds are also located there. The Murfreesboro campus was averaging a surgical inpatient bed level of approximately 1.5 beds over the prior nine month period. The Surgery BDOC for the Murfreesboro in FY 01 was 3,885 , projected BDOC for 2012 and 2022 is 3,455 and 2,953 respectively yielding negative gaps of –1 and –3 in FY 2022. Current census for acute surgical inpatient beds at the Murfreesboro site is 1.5. Options considered in addressing acute surgical beds at Murfreesboro; 1 Contracting all inpatient surgical beds in local communities, 2. Meeting all the acute surgical bed needs within the VA and 3, A mix of meeting some demand in house and some within the community. Option 1. Contracting for all acute surgical beds was rejected based on need to support large outpatient surgical programs at Nashville and

Murfreesboro, ensure quality and continuity of care and the impact on the transplant program, teaching mission and potential cost differentials against current in house cost. Option 2, using existing bed capacity, on the Nashville campus was felt to be a cost effective option given that the movement of the inpatient surgical demand from Murfreesboro can be accommodated within the existing beds at Nashville and minimal resources required. Recommended is a mix option 3, of utilizing existing bed capacity in the Nashville facility along with contracting for surgical beds in the Chattanooga area. Input from Central market focus groups indicated support for improving access in Chattanooga and this option would provide a cost effective solution that is responsive to access needs and appropriate utilization of current resources. Vacant Space VISN 9 had over 400,000 sqft of vacant space to manage and that amount increased based on lease proposal associated with meeting primary care access criteria. Primary proposal include enhanced use at Lexington Leestown, divesting the Cooper Drive facility, demolition and donations of facilities at Mountain Home and Murfreesboro and divestiture of the Louisville facilit

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	129,661	167,413	139,277	126,409	41,008	106,027	33,254	$ 83,685,343
Surgery	55,802	64,448	53,872	60,965	3,487	50,991	2,884	$ (63,769,945)
Psychiatry	74,822	94,439	80,339	67,100	27,343	59,091	21,252	$ 288,122,047
PRRTP	50	50	50	50	-	50	-	$ (934,841)
NHCU/Intermediate	522,425	522,425	522,425	6,899	71,688	6,899	71,688	$ 1,739,136,694
Domiciliary	120,370	120,370	120,370	120,370	-	120,370	-	$ -
Spinal Cord Injury	21,140	21,140	21,140	10,288	-	10,288	-	$ 133,783,092
Blind Rehab	-	-	-	-	-	-	-	$ -
Total	**924,270**	**990,285**	**937,473**	**392,081**	**143,526**	**353,716**	**129,078**	**$ 2,180,022,390**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	167,234	347,045	288,779	262,931	220,536	$ 83,685,343
Surgery	97,481	115,722	96,935	111,686	93,636	$ (63,769,945)
Psychiatry	120,537	186,397	158,784	131,582	116,331	$ 288,122,047
PRRTP	13,594	13,594	13,594	13,594	13,594	$ (934,841)
NHCU/Intermediate	192,288	192,488	192,488	11,915	11,915	$ 1,739,136,694
Domiciliary	134,391	134,391	134,391	134,391	134,391	$ -
Spinal Cord Injury	61,339	61,339	61,339	29,851	29,851	$ 133,783,092
Blind Rehab	-	-	-	-	-	$ -
Total	**786,864**	**1,050,976**	**946,310**	**695,950**	**620,254**	**$ 2,180,022,390**

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	730,197	1,039,991	880,177	530,471	509,524	447,466	432,714	$ 373,043,080
Specialty Care	618,480	1,116,377	1,002,425	1,022,001	94,379	917,490	84,938	$ (200,454,337)
Mental Health	229,600	442,517	365,031	367,953	74,568	305,231	59,804	$ (36,368,742)
Ancillary& Diagnostic	878,730	1,367,160	1,298,653	1,146,401	220,763	1,087,051	211,606	$ (123,481,855)
Total	**2,457,006**	**3,966,045**	**3,546,285**	**3,066,826**	**899,234**	**2,757,238**	**789,062**	**$ 12,738,146**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	289,773	518,520	440,699	278,572	235,735	$ 373,043,080
Specialty Care	634,368	1,258,195	1,127,804	1,245,621	1,115,899	$ (200,454,337)
Mental Health	123,190	319,156	263,122	282,268	233,748	$ (36,368,742)
Ancillary& Diagnostic	405,375	862,569	820,394	764,282	724,960	$ (123,481,855)
Total	**1,452,706**	**2,958,441**	**2,652,019**	**2,570,743**	**2,310,342**	**$ 12,738,146**

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	203,443	203,443	203,443	207,524	207,524	$ (12,871,582)
Admin	1,262,927	2,160,319	1,938,041	1,400,434	1,393,524	$ (29,392,590)
Outleased	576,531	576,531	576,531	35,000	45,997	N/A
Other	224,459	224,459	224,459	224,459	224,459	$ -
Vacant Space	481,551	-	-	629,484	894,454	$ 198,350,723
Total	**2,748,911**	**3,164,752**	**2,942,474**	**2,496,901**	**2,765,958**	**$ 156,086,551**

II. Market Level Information

A. Central Market

1. Description of Market

a. Market Definition

Market	Includes	Rational	Shared Counties
Central Market			
Central Code: 9A	56 counties in Tennessee, 14 counties in Kentucky, and 5 counties in Georgia 75 Total Counties	The Central markets consist mainly of counties in Tennessee with some counties along the Tennessee/Kentucky border and a small part of Georgia. A significant portion of this market area is facts growing and there will be segmentation of this area into two sub markets. The Nashville and Murfreesboro VAMC's are the primary historic VA facilities in this market area and there are two urban areas, Nashville and Chattanooga, which will require zip code analysis for further segmentation. There are numerous interstates that cut across this market area including I-65, I-40 and I-75 and in general there area fewer natural barriers across this geographic areas then in the other markets identified. This is a large single market area, which is proposed to be divided into two sub markets with the Nashville and Murfreesboro VA Medical Centers as one focal point and a sub market around the Chattanooga area of south central Tennessee and North Georgia.	No shared market issues were identified with wither VISN 7 to the south of Chattanooga, or VISN 15 to the west even though there are a few Kentucky counties assigned to VISN 15 while the majority of the state falls within the VISN 9 Northern and Central markets.
Sub-market Central 1 Code: 9A1	35 counties in Tennessee and 14 counties in Kentucky 49 Total Counties	This sub market was established based on current and historic utilization patterns and the core interstate paths of I65 traversing N/S and I 40 traversing E/W. There are two VA Medical Centers servicing this area, which includes not only the urban area of Nashville but two of the fastest growing areas in Tennessee, Clarksville, which includes the Ft. Campbell DOD facilities, and the Smyrna/Murfreesboro area of Rutherford county.	There are no shared counties in this market even though there is a shared border with VISN 15.
Sub-market Central 2 Code: 9A2	21 counties in Tennessee and 5 counties in Georgia	The Central 2 sub market was delineated based on the Chattanooga OPC being the core site and the interstate corridors of I75 and I 20. The presence of a pilot program for purchasing inpatient services has resulted in high demand for services in a very	While there is shared border to the south with VISN 7 there were

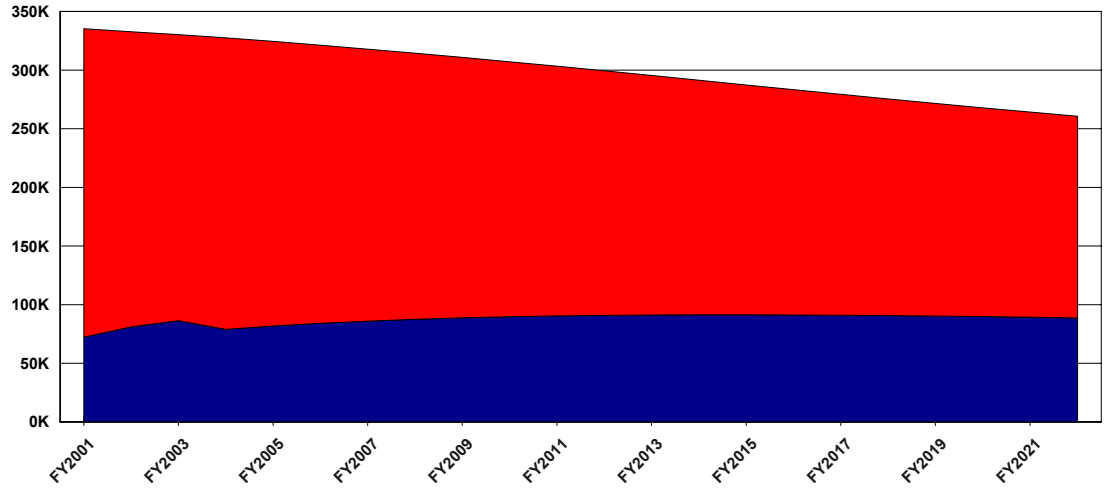
	26 Total Counties	concentrated high growth area including Chattanooga and northern Georgia.	no shared county issues.

b. Facility List

Facility	Primary	Hospital	Tertiary	Other
VATVHS-Alvin C. York Campus				
626A4 VATVHS-Alvin C. York Campus	✔	✔	-	-
626GF Chattanooga	✔	-	-	-
626GG Tullahoma	✔	-	-	-
626GH Cookeville	✔	-	-	-
VATVHS-Nashville Campus				
626 VATVHS-Nashville Campus	✔	✔	✔	-
626BY Knoxville	✔	-	-	-
626GE Clarksville	✔	-	-	-
New Sumner County	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care (79,025 enrollees)	A significant gap was found in access to care. This Market area fell short by 59.2% and 32,092 enrollees in meeting the Access to Care Criteria for Primary Care.				
	Access to Hospital Care (79,025 enrollees)					
	Access to Tertiary Care (79,025 enrollees)					
Y	Specialty Care Outpatient Stops	Population Based	152,283	96%	135,747	85%
		Treating Facility Based	180,897	104%	162,786	93%
Y	Primary Care Outpatient Stops	Population Based	135,486	81%	102,987	61%
		Treating Facility Based	150,584	79%	114,621	60%
Y	Medicine Inpatient Beds	Population Based	39	38%	22	21%
		Treating Facility Based	39	34%	20	18%
	Mental Health Outpatient Stops	Population Based	49,568	68%	32,790	45%
		Treating Facility Based	58,674	78%	40,735	54%
	Psychiatry Inpatient Beds	Population Based	-3	-2%	-13	-11%
		Treating Facility Based	-6	-5%	-19	-13%
	Surgery Inpatient Beds	Population Based	11	25%	5	11%
		Treating Facility Based	6	10%	-2	-3%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Focus groups were held throughout the markets within VISN 9. Focus groups consisted of stakeholders, employees, physicians, and congressional staff. Planning initiatives were shared with the focus groups, comments were obtained, documented and included in the development of the planning intiatives. A second round of focus groups were held in which the proposed planning initiatives were shared and input obtained in the development of the final options. In addition, the market workgroups included representation from employees and labor partners.

Concerns and issues were addressed either during the focus groups or by efforts initiated by public affairs officers at the network and facility levels. Included in these initiatives were ongoing newsletters and updates during employee town hall meetings.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

VISN 9 CARES Central Market Group is composed of 75 counties in Tennessee, Kentucky and Georgia. The VA Medical Center in this market group is VA Tennessee Valley Healthcare System. Significant gaps exist in primary and specialty care with respect to demand and workload. Lesser gaps exist in the area of Outpatient Mental Health. Provide accessible quality primary care to a minimum of 70% of enrolled veterans residing in the Central market.

Increase Access to Primary Care for the approximately 72,354 veterans.

Data at the county level was reviewed for the entire Central Market in order to assess the level of demand and areas of access patients have relative to the Primary Care 70% standard. Data sources included VSSC, PSSG models as well as the CARES supply and demand data. The VA facilities in the Central Market are situated to provide acute services but additional sites of care and expansion of existing sites will be needed to meet continued demand. Cost for care is in comparable to similar health care environments though continued problems with the Tennessee Medicare proxy Tenncare have resulted in providers shifting larger portions of cost to private payors. Discussion with state associations and community providers have indicated that contract opportunities for primary care will likely be in a Medicare plus scenario. Upon activation of the additional proposed sites the Central Market will go from a Primary Care access level of 60% to a level of 75%. Locations are general by county since specific final locations may depend on negotiations. Efforts were made to look at drive times versus mileage given the since the rural geography as well as mountain areas. Comments from stakeholder focus groups were reviewed.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Projections for FY02 indicate that less than 70% of the current enrollees have access to primary care within the 30-mile radius allotted within some geographic regions. Less than 65% of enrollees have access to primary care and an additional 5 to 8% will need to be provided access to meet the 70% mandate level. To meet the desired 70% access goal additional staffed and/or contract community based outpatient clinics (CBOCs) should be placed within the market. Establishing new and expanding existing CBOCs will improve access to care in geographic areas which currently do not meet the 70% objective. Consideration will be given to options of VA staffed as well as contractual arrangements based on specific geographic demand and availability of quality healthcare providers. Additional consideration will have to be given to area wide contracts in some rural areas where there is not centralized demand but where the geographic coverage does not meet the 30 minute/mile criteria.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**59%**	29,520	**75%**	22,730	**76%**	21,276
Hospital Care	**69%**	22,495	**68%**	29,285	**69%**	27,739
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – Sumner County

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	14,787	14,787	-	-	-	-	-	-	14,787	$ (43,436,167)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	2,136	2,136	-	-	-	-	-	-	2,136	$ (3,089,623)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**16,923**	**16,923**	**-**	**-**	**-**	**-**	**-**	**-**	**16,923**	**$ (46,525,790)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	9,907	9,907	-	-	-	-	9,000	-	9,000	(907)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	1,773	1,773	-	-	-	-	1,500	-	1,500	(273)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**11,680**	**11,680**	**-**	**-**	**-**	**-**	**10,500**	**-**	**10,500**	**(1,180)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	2,500	2,500	-	-	-	-	1,500	-	1,500	(1,000)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,500**	**2,500**	**-**	**-**	**-**	**-**	**1,500**	**-**	**1,500**	**(1,000)**

4. Facility Level Information – VATVHS – Alvin C York

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Service Delivery Option - Central Market- Proximity Nashville and York
VISN 9 CARES Central Market Group is composed of 75 counties in Tennessee, Kentucky and Georgia. The VA Medical Center in this market group is VA Tennessee Valley Healthcare System.
Proximity and Mission Delineation Medical Centers that are currently within 60 miles of each other are to be reviewed for the potential for increased efficiencies through alternatives such as consolidation of activities, closure of facilities and development of complementary missions
Assessment: A Proximity Initiative was identified in the Central Market of the Mid South Healthcare Network (VISN 9). There are two acute care hospitals with similar missions within 60 miles of each other. The Nashville and Murfreesboro Tennessee medical centers are approximately 40 miles from each other. These two Medical Centers were combined within the past 3 years into the consolidated VA Tennessee Valley Healthcare system and both facilities have on site programs in acute inpatient medicine, surgery and psychiatry.
Analysis: Over the course of the last two years there have been an number of opportunities taken to consolidate the improve the efficiency of the organization as well as economies associated with consolidation of administrative functions and alignment of the clinical activities of the two medical centers. Finance, Human Resources and Acquisition functions have been centralized to the Murfreesboro campus. A structure of single clinical directors for the major Inpatient, Outpatient and Ancillary Services have been put in place. Demand for Inpatient acute care services based on the CARES data projection were reviewed , discussion with the clinical leadership of the two Medical Centers there were potential for additional consolidation of clinical services and greater delineation of the missions of the two campus sites with in the consolidated Tennessee Valley Healthcare System.

Option I: Retain both facilities w/ no additional consolidations of services Analysis of the current and projected demands, both acute and long term care validated what had been previously identified in the development of the consolidation of the two facilities into a single health care system. That is that there are different core missions and demands and that the high level Tertiary care and specialty services provided at the Nashville site are not duplicated at the Murfreesboro campus and that the Long Term Psychiatry and Nursing Home care programs at the York campus are not, nor could they physically be provided within the confines of the Nashville campus. Retention of both facilities is recommended and closure of either campus was not seen as a viable option through further consolidation of activities and clinical program was determined as appropriate for further explorations.

Option II: Maintain only one of the two facilities: Neither the Nashville nor the York campus have adequate building space to absorb the function of the entire Central Market healthcare demand. There is not adequate land nor infrastructure at the Nashville campus to support the construction of additional facilities needed to support the long term care programs housed within the Murfreesboro Campus. Alternatives of contracting for services as well as provision of services in house were cost estimated and are located in backup file central market sub folder. Major constrictions are the limited size of the Nashville facility to either absorb increased demand or workload from York

Option III RECOMMENDED OPTION Maintain both facilities but consolidate services/integrate facilities. Review of the current as well as historic mission of the two campus structure reveled a clear delineation of the Tertiary and specialist care support for the entire Central market that is provided at the Nashville campus and clearly identified the Long term care support that has been historically provided at the Murfreesboro campus.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Acute Surgical Beds - Murfreesboro Campus – Central Market
VISN 9 CARES Central Market Group is composed of 75 counties in Tennessee, Kentucky and Georgia. The VA Medical Center in this market group is VA Tennessee Valley Healthcare System. Significant gaps exist in primary and specialty care with respect to demand and workload. Objective: Provide customer focused, accessible quality health care.

Planning Initiative: Acute Surgery Beds Levels – Murfreesboro Campus. Specific PI issue requires that the VISN review the viability of the surgical program at Murfreesboro VAMC. Acute surgical beds at the Murfreesboro VA Medical Center are projected to be at 12 beds in FY 2012 and 10 in FY 2022.

Assessment:
Data at the county level was reviewed for the entire Central Market in order to assess the level of demand and areas of access patients have relative to the Acute and Tertiary standards. It was determined that the current locations on the Nashville campuses would be required to meet projected demand. Reviews of current practice demonstrated that the majority of inpatient surgery is conducted at the Nashville VAMC and the majority of inpatient beds are also located there. The Murfreesboro campus was averaging a surgical inpatient bed level of approximately 1.5 beds over the prior nine month period. Discussion with the Chief of Staff for the Tennessee Valley healthcare system further revealed that a request to re organize the surgical program between the two campus had been submitted and would result with ambulatory surgery remaining at the Murfreesboro Campus and Inpatient surgical operations centered at the Nashville campus.

Analysis: The Surgery bed days of care (BDOC) for the Murfreesboro Campus during FY 01 was 3,885. The projected BDOC for 2012 and 2022 is 3,455 and 2,953 respectively that yield negative gaps of –1 bed in FY 2012 and –3 beds in FY 2022. The current average daily census for acute surgical inpatient beds at the Murfreesboro site is 1.5. This demand model is projecting decreasing need for inpatient surgical beds capacity at the Murfreesboro site. The acute inpatient surgical BDOC in counties served by the Chattanooga Outpatient Clinic is estimated to be equivalent to one to three contract beds and is projected to have an increased need for up to five community based surgery beds.

Recommended Option: The primary alternative being considered, pending costing, is consolidation of all acute inpatient surgery beds at the Nashville campus, closure of the inpatient beds at the Murfreesboro campus and future contract in the Chattanooga area for inpatient surgery bed days of care equivalent to three to five beds. Levels of complexity as well as volume of inpatient surgical procedures at the Murfreesboro campus were minimal. Space availability and quality was also reviewed. Three options considered in addressing the inpatient acute surgical bed issues at Murfreesboro were; 1. Contracting for all inpatient surgical beds in local communities. 2. Meeting all the acute surgical bed needs within the VA and 3. A mix of meeting some demand in house and some within the community.

Option 1: Contracting for all acute surgical beds was not feasible based on consideration related to need to support large outpatient surgical programs at Nashville and Murfreesboro, need to ensure quality and continuity of care, the need and un assessed cost of including actual surgical procedure contracts at the site of acute bed contracts, the impact on the teaching mission and potential cost differentials against current in house cost. There were secondary issues related to the impact on Nashville's ability to continue to be a national transplant center for the VA. Option 2, using existing bed capacity, on the Nashville campus was felt to be a cost effective option given that the movement of the inpatient surgical demand from Murfreesboro can be accommodated within the existing beds at Nashville and minimal additional resources

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	20,251	6,317	16,251	2,317	1,625	-	-	-	-	-	14,626	$ 43,374,699
Surgery	3,525	(360)	138	(3,747)	-	-	-	-	-	-	138	$ 98,303,391
Intermediate/NHCU	114,149	-	3,870	(110,279)	2,129	-	-	-	-	-	1,741	$ 378,461,897
Psychiatry	36,150	(1,781)	40,943	3,012	-	-	-	-	-	-	40,943	$ (26,731,871)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**174,074**	**4,175**	**61,202**	**(108,697)**	**3,754**	**-**	**-**	**-**	**-**	**-**	**57,448**	**$ 493,408,116**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	130,660	38,250	130,660	38,250	99,302	-	-	-	-	-	31,358	$ 49,847,855
Specialty Care	130,796	79,604	130,796	79,604	2,616	-	-	-	-	-	128,180	$ (37,159,515)
Mental Health	68,983	18,886	74,128	24,031	690	-	-	-	-	-	73,438	$ (13,712,039)
Ancillary & Diagnostics	185,518	70,478	185,519	70,479	37,104	-	-	-	-	-	148,415	$ (26,616,992)
Total	**515,957**	**207,218**	**521,103**	**212,365**	**139,712**	**-**	**-**	**-**	**-**	**-**	**381,391**	**$ (27,640,691)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	42,122	25,320	30,422	13,620	16,802	12,257	-	-	-	-	29,059	(1,363)
Surgery	5,853	4,690	229	(934)	1,163	-	-	-	-	-	1,163	934
Intermediate Care/NHCU	83,088	-	2,816	(80,272)	83,088	-	-	-	-	-	83,088	80,272
Psychiatry	77,361	18,811	87,618	29,068	58,550	27,500	-	-	-	-	86,050	(1,568)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**208,424**	**48,821**	**121,085**	**(38,518)**	**159,603**	**39,757**	**-**	**-**	**-**	**-**	**199,360**	**78,275**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	64,023	33,924	15,679	(14,420)	30,099	-	-	-	-	-	30,099	14,420
Specialty Care	190,988	144,204	190,988	144,204	46,784	-	-	-	110,000	-	156,784	(34,204)
Mental Health	40,294	7,284	43,328	10,318	33,010	-	-	-	29,000	-	62,010	18,682
Ancillary and Diagnostics	116,358	55,655	94,986	34,283	60,703	-	-	-	34,000	-	94,703	(283)
Total	**411,663**	**241,067**	**344,981**	**174,385**	**170,596**	**-**	**-**	**-**	**173,000**	**-**	**343,596**	**(1,385)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(146)	-	(146)	146	-	-	-	-	-	146	146
Administrative	322,521	151,062	210,000	38,541	171,459	35,500	-	-	-	-	206,959	(3,041)
Other	37,668	-	37,668	-	37,668	-	-	-	-	-	37,668	-
Total	**360,189**	**150,916**	**247,668**	**38,395**	**209,273**	**35,500**	**-**	**-**	**-**	**-**	**244,773**	**(2,895)**

5. Facility Level Information – VATVHS - Nashville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

VISN 9 CARES Central Market Group is composed of 75 counties in Tennessee, Kentucky and Georgia. The VA Medical Center in this market group is VA Tennessee Valley Healthcare System.
Proximity and Mission Delineation Medical Centers that are currently within 60 miles of each other are to be reviewed for the potential for increased efficiencies through alternatives such as consolidation of activities, closure of facilities and development of complementary missions
Assessment: A Proximity Initiative was identified in the Central Market of the Mid South Healthcare Network (VISN 9). There are two acute care hospitals with similar missions within 60 miles of each other. The Nashville and Murfreesboro Tennessee medical centers are approximately 40 miles from each other. These two Medical Centers were combined within the past 3 years into the consolidated VA Tennessee Valley Healthcare system and both facilities have on site programs in acute inpatient medicine, surgery and psychiatry.
Analysis: Over the course of the last two years there have been an number of opportunities taken to consolidate the improve the efficiency of the organization as well as economies associated with consolidation of administrative functions and alignment of the clinical activities of the two medical centers. Finance, Human Resources and Acquisition functions have been centralized to the Murfreesboro campus. A structure of single clinical directors for the major Inpatient, Outpatient and Ancillary Services have been put in place. Demand for Inpatient acute care services based on the CARES data projection were reviewed , discussion with the clinical leadership of the two Medical Centers there were potential for additional consolidation of clinical services and greater delineation of the missions of the two campus sites with in the consolidated Tennessee Valley Healthcare System.

Option I: Retain both facilities w/ no additional consolidations of services Analysis of the current and projected demands, both acute and long term care validated what had been previously identified in the development of the consolidation of the two facilities into a single health care system. That is that there are different core missions and demands and that the high level Tertiary care and specialty services provided at the Nashville site are not duplicated at the Murfreesboro campus and that the Long Term Psychiatry and Nursing Home care programs at the York campus are not, nor could they physically be provided within the confines of the Nashville campus. Retention of both facilities is recommended and closure of either campus was not seen as a viable option through further consolidation of activities and clinical program was determined as appropriate for further explorations.

Option II: Maintain only one of the two facilities: Neither the Nashville nor the York campus have adequate building space to absorb the function of the entire Central Market healthcare demand. There is not adequate land nor infrastructure at the Nashville campus to support the construction of additional facilities needed to support the long term care programs housed within the Murfreesboro Campus. Alternatives of contracting for services as well as provision of services in house were cost estimated and are located in backup file central market sub folder. Major constrictions are the limited size of the Nashville facility to either absorb increased demand or workload from York.

Option III RECOMMENDED OPTION Maintain both facilities but consolidate services/integrate facilities. Review of the current as well as historic mission of the two campus structure reveled a clear delineation of the Tertiary and specialist care support for the entire Central market that is provided at the Nashville campus and clearly identified the Long term care support that has been historically provided at the Murfreesboro campus. The distinctions of the level and differences in the levels of services provi

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

Previous discussions had been held concerning the potential for a joint site VAMC/VBA operation. VBA did not express an interest in development in this project as part of the CARES process.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	27,263	5,784	31,263	9,784	6,252	-	-	-	-	-	25,011	$ (77,622,259)
Surgery	15,859	2,114	18,235	4,490	183	-	-	-	-	-	18,052	$ (101,580,492)
Intermediate/NHCU	36,663	-	2,510	(34,153)	1,908	-	-	-	-	-	602	$ 187,328,187
Psychiatry	5,660	(199)	868	(4,991)	868	-	-	-	-	-	-	$ 73,849,911
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**85,445**	**7,699**	**52,876**	**(24,870)**	**9,211**	**-**	**-**	**-**	**-**	**-**	**43,665**	**$ 81,975,347**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	210,285	112,334	195,499	97,548	159,817	-	-	-	-	-	35,682	$ 238,941,509
Specialty Care	224,868	101,294	224,868	101,294	13,493	-	-	-	-	-	211,375	$ (30,635,736)
Mental Health	65,097	39,788	57,817	32,508	9,985	-	-	-	-	-	47,832	$ 3,574,919
Ancillary & Diagnostics	295,998	156,658	295,998	156,659	41,439	-	-	-	-	-	254,559	$ (19,058,147)
Total	**796,247**	**410,074**	**774,182**	**388,009**	**224,734**	**-**	**-**	**-**	**-**	**-**	**549,448**	**$ 192,822,545**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	56,707	25,354	52,023	20,670	31,353	1,590	-	-	17,000	-	49,943	(2,080)
Surgery	30,775	4,233	35,382	8,840	26,542	4,213	-	-	4,590	-	35,345	(37)
Intermediate Care/NHCU	3,767	-	258	(3,509)	3,767	-	-	-	-	-	3,767	3,509
Psychiatry	10,020	(2,073)	-	(12,093)	12,093	-	-	-	-	-	12,093	12,093
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**101,269**	**27,514**	**87,663**	**13,908**	**73,755**	**5,803**	**-**	**-**	**21,590**	**-**	**101,148**	**13,485**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	128,211	104,493	23,907	189	23,718	-	-	-	11,000	-	34,718	10,811
Specialty Care	232,514	119,026	232,513	119,025	113,488	-	-	-	90,000	-	203,488	(29,025)
Mental Health	48,627	39,227	39,701	30,301	9,400	10,503	-	-	19,000	-	38,903	(798)
Ancillary and Diagnostics	179,967	118,405	162,918	101,356	61,562	-	-	-	100,000	-	161,562	(1,356)
Total	**589,319**	**381,151**	**459,039**	**250,871**	**208,168**	**10,503**	**-**	**-**	**220,000**	**-**	**438,671**	**(20,368)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(49,496)	77,901	28,405	49,496	-	-	-	-	28,000	77,496	(405)
Administrative	266,430	145,753	122,000	1,323	120,677	1,200	-	-	-	-	121,877	(123)
Other	25,519	-	25,519	-	25,519	-	-	-	-	-	25,519	-
Total	**291,949**	**96,257**	**225,420**	**29,728**	**195,692**	**1,200**	**-**	**-**	**-**	**28,000**	**224,892**	**(528)**

B. Eastern Market

1. Description of Market

a. Market Definition

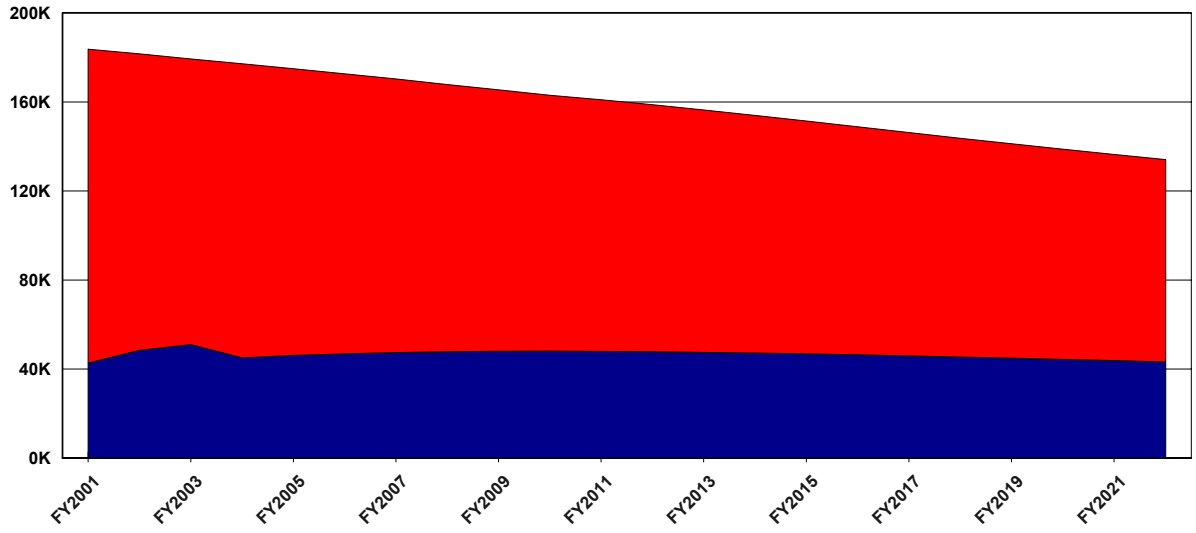
Market	Includes	Rationale	Shared Counties
Eastern Code: 9B	19 counties in Tennessee, 4 in Kentucky, 10 in Virginia, and 3 in North Carolina **36 Total Counties**	The East market area has a number of counties in three states with the greatest number of counties in Tennessee but also counties in Kentucky and Virginia. This is the only area where there is going to be addition of counties which were not historically assigned to VISN 9. There are three counties in North Carolina and one in Virginia, which should be considered as part of this market area and move from VISN 6 to VISN 9 based on the actual utilization of veterans and roadway access. There is one defined urban area , Knoxville Tennessee which will require additional zip code analysis for future market segmentation.	In discussion with VISN 6 it was agreed that VISN 9 would take the planning lead in Avery, Ashe, Watuga North Carolina as well as Smythe Virginia. There are no other shared market issues related to the Eastern Market.

b. Facility List

Facility	Primary	Hospital	Tertiary	Other
Mountain Home				
621 Mountain Home	✔	✔	-	-
621GA Rogersville	✔	-	-	-
621GB Mountain City	✔	-	-	-
621GC Norton	✔	-	-	-
621GD St. Charles	✔	-	-	-
New Hawkins-Sullivan	✔	-	-	-
New Morristown	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Eastern Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care (47,265 enrollees)	A significant gap was found in access to care. This Market area fell short by 51% and 23,333 enrollees in meeting the Access to Care Criteria for Primary Care.				
	Access to Hospital Care (47,265 enrollees)					
	Access to Tertiary Care (47,265 enrollees)					
Y	Specialty Care Outpatient Stops	Population Based	107,859	112%	79,934	83%
		Treating Facility Based	71,516	82%	45,725	53%
Y	Primary Care Outpatient Stops	Population Based	61,955	55%	27,356	24%
		Treating Facility Based	24,895	25%	-3,689	-4%
Y	Mental Health Outpatient Stops	Population Based	37,834	103%	20,668	56%
		Treating Facility Based	31,253	83%	15,951	42%
	Psychiatry Inpatient Beds	Population Based	9	28%	1	4%
		Treating Facility Based	12	58%	4	20%
	Surgery Inpatient Beds	Population Based	5	19%	-1	-2%
		Treating Facility Based	6	27%	1	4%
	Medicine Inpatient Beds	Population Based	8	11%	-7	-9%
		Treating Facility Based	8	12%	-6	-8%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Focus groups were held throughout the markets within VISN 9. Focus groups consisted of stakeholders, employees, physicians, and congressional staff. Planning initiatives were shared with the focus groups, comments were obtained, documented and included in the development of the planning intiatives. A second round of focus groups were held in which the proposed planning initiatives were shared and input obtained in the development of the final options. In addition, the market workgroups included representation from employees and labor partners.

Concerns and issues were addressed either during the focus groups or by efforts initiated by public affairs officers at the network and facility levels. Included in these initiatives were ongoing newsletters and updates during employee town hall meetings.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The VISN 9 East Market Group is composed of 34 counties in Tennessee, Virginia, Kentucky, and North Carolina. The VAMC in this market group is James H. Quillen VAMC in Johnson City, Tennessee. There is significant overlap in the planning initiatives for improving access and managing demand in Primary Care. The narrative for improving access details why the sites of care were selected, the plans to handle the anticipated demand, and the need to integrate all outpatient care services. Therefore, consideration of the three planning initiatives as a whole is needed for full understanding of this planning effort. See backup folder for Eastern Gap Data, Eastern Market Report, and complete Narratives. Outcome of the data analysis reveals a significant growth in primary care, specialty care, and mental health through FY2012 and FY 2022. Only 51 percent of the enrolled veterans are presently provided access to primary care within the prescribed standards. Zip code analysis matched with current and future workload demands and access concerns reveal that the majority of the veteran population live in close proximity to major roads including I-40, I-81, I-181, and I-75. It became clear that there were three existing concentrations of veterans associated with three major centers for veteran population: Knox County, Washington, and Sullivan County , which are all in Tennessee. Access to primary care is provided at the medical center at Mountain Home, the outpatient clinic in Knoxville, and the system of CBOCs in Virginia. The population in Knoxville represents the largest urban concentration in the East Market and is also the most underserved with a market penetration less than one-half that of the rest of the market. Specialty outpatient care is provided at Mountain Home and Nashville VAMCs. Access to specialty care for enrollees at the clinic in Knoxville is not meeting the standard of care requirements and is a major point of discontent from veterans in that area of the East Market based on feedback from Veterans Focus Groups. A full continuum of mental health services is provided at Mountain Home, but the population in the majority of the East Market is underserved. To meet the standard of access and demand issues at the Knoxville outpatient clinic, the need to expand the clinic and the need to provide for specialty services in that highly populated urban community became quickly apparent. A gap was identified in 30-mile access between the southern East market area (Knoxville area), and the northern area (Johnson City/Kingsport/Bristol area). A new site for primary care is recommended in Morristown at the juncture of I-81 and US 25E. A new VA-operated Hawkins – Sullivan clinic is suggested based on proximity to Scott County, Virginia and

Hawkins County, Tennessee. Although the Rogersville site is reasonable based solely on analysis of geography, it has not and will not be able to serve the volume of patients from Sullivan County. Additionally, Sullivan County is home to a much larger and more sophisticated medical community, which may be beneficial in contracting for selected specialty and support services. The remainder of the East Market area is rural highlighting the need to partner with existing rural healthcare systems. In summary, the VA facilities in the East Market are well situated to provide for acute and tertiary services with support from Tennessee Valley for high-tech specialties such as open-heart and transplant surgery. Additional sites will be required in Morristown and Hawkins/Sullivan. Knoxville outpatient clinic will need to be expanded for primary care and mental health demands with specialty services added to their mission. The system of contract clinics will need to include new CBOCs in Jellico and Sevier Counties and an expanded clinic in Mountain City. Mental health access will be met through a four-tiered approach further discussed in the documentation contained in the back up

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Projections for FY02 indicate that less than 70% of the current enrollees have access to primary care within the 30-mile radius allotted within some geographic regions. Less than 65% of enrollees have access to primary care and an additional 5 to 8% will need to be provided access to meet the 70% mandate level. To meet the desired 70% access goal additional staffed and/or contract community based outpatient clinics (CBOCs) should be placed within the market. Establishing new and expanding existing CBOCs will improve access to care in geographic areas which currently do not meet the 70% objective. Consideration will be given to options of VA staffed as well as contractual arrangements based on specific geographic demand and availability of quality healthcare providers. Additional consideration will have to be given to area wide contracts in some rural areas where there is not centralized demand but where the geographic coverage does not meet the 30 minute/mile criteria.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**51%**	20,857	**74%**	12,416	**74%**	11,220
Hospital Care	**68%**	13,555	**62%**	18,146	**58%**	18,022
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – Hawkins-Sullivan

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	11,117	11,117	-	-	-	-	-	-	11,117	$ (31,741,509)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	5,546	5,546	-	-	-	-	-	-	5,546	$ (12,767,410)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**16,663**	**16,663**	**-**	**-**	**-**	**-**	**-**	**-**	**16,663**	**$ (44,508,919)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	5,558	5,558	-	-	-	-	5,100	-	5,100	(458)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	3,938	3,938	-	-	-	-	3,700	-	3,700	(238)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**9,496**	**9,496**	**-**	**-**	**-**	**-**	**8,800**	**-**	**8,800**	**(696)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,800	1,800	-	-	-	-	1,000	-	1,000	(800)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,800**	**1,800**	**-**	**-**	**-**	**-**	**1,000**	**-**	**1,000**	**(800)**

4. Facility Level Information – Morristown

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	11,117	11,117	-	-	-	-	-	-	11,117	$ (33,928,339)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	5,546	5,546	-	-	-	-	-	-	5,546	$ (13,716,008)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**16,663**	**16,663**	**-**	**-**	**-**	**-**	**-**	**-**	**16,663**	**$ (47,644,347)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	5,558	5,558	-	-	-	-	5,300	-	5,300	(258)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	3,938	3,938	-	-	-	-	3,700	-	3,700	(238)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**9,496**	**9,496**	**-**	**-**	**-**	**-**	**9,000**	**-**	**9,000**	**(496)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,500	1,500	-	-	-	-	1,500	-	1,500	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,500**	**1,500**	**-**	**-**	**-**	**-**	**1,500**	**-**	**1,500**	**-**

5. Facility Level Information – Mountain Home

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA identified a potential for expansion of the existing cemetery operations that are adjacent to the Mountain Home VA Medical Center. This potential was jointly reviewed and developed between NCA and the VA Medical Center. A potential site for NCA services has been identified and is in the process of being surveyed and will be developed as part of future NCA expansion of their operations that are currently located in Johnson City, Tennessee.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	24,654	2,610	24,654	2,610	7,396	-	-	-	-	-	17,258	$ (16,682,351)
Surgery	8,840	1,874	9,853	2,887	2,955	-	-	-	-	-	6,898	$ (57,285,937)
Intermediate/NHCU	89,169	-	4,579	(84,590)	2,565	-	-	-	-	-	2,014	$ 330,801,038
Psychiatry	10,323	3,781	10,323	3,781	3,097	-	-	-	-	-	7,226	$ 6,415,369
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	120,370	-	120,370	-	-	-	-	-	-	-	120,370	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**253,355**	**8,264**	**169,779**	**(75,312)**	**16,013**	**-**	**-**	**-**	**-**	**-**	**153,766**	**$ 263,248,119**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	125,302	24,895	103,069	2,661	55,586	-	-	-	-	-	47,483	$ 130,062,873
Specialty Care	158,391	71,516	158,391	71,516	15,840	-	-	-	-	-	142,551	$ (32,106,096)
Mental Health	69,088	31,255	57,997	20,164	23,198	-	-	-	-	-	34,799	$ 39,445,329
Ancillary & Diagnostics	174,815	63,357	174,816	63,358	8,741	-	-	-	-	-	166,075	$ (9,551,309)
Total	**527,596**	**191,022**	**494,273**	**157,699**	**103,365**	**-**	**-**	**-**	**-**	**-**	**390,908**	**$ 127,850,797**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	50,768	25,113	35,897	10,242	25,655	9,000	-	-	-	-	34,655	(1,242)
Surgery	14,528	6,232	11,451	3,155	8,296	3,100	-	-	-	-	11,396	(55)
Intermediate Care/NHCU	47,671	-	2,447	(45,224)	47,671	-	-	-	-	-	47,671	45,224
Psychiatry	18,994	6,473	13,296	775	12,521	1,000	-	-	-	-	13,521	225
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	134,391	-	134,391	-	134,391	-	-	-	-	-	134,391	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**266,352**	**37,818**	**197,482**	**(31,052)**	**228,534**	**13,100**	**-**	**-**	**-**	**-**	**241,634**	**44,152**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	55,760	(11,162)	23,742	(43,180)	66,922	-	-	-	-	-	66,922	43,180
Specialty Care	156,807	90,741	156,806	90,740	66,066	-	-	-	94,000	-	160,066	3,260
Mental Health	45,129	15,061	24,707	(5,361)	30,068	-	-	-	-	-	30,068	5,361
Ancillary and Diagnostics	111,270	62,607	111,270	62,607	48,663	89,184	-	-	-	-	137,847	26,577
Total	**368,966**	**157,247**	**316,525**	**104,806**	**211,719**	**89,184**	**-**	**-**	**94,000**	**-**	**394,903**	**78,378**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(4,466)	7,823	3,357	4,466	-	-	-	-	3,300	7,766	(57)
Administrative	377,472	116,416	275,880	14,824	261,056	9,000	-	-	-	-	270,056	(5,824)
Other	58,087	-	58,087	-	58,087	-	-	-	-	-	58,087	-
Total	**435,559**	**111,950**	**341,790**	**18,181**	**323,609**	**9,000**	**-**	**-**	**-**	**3,300**	**335,909**	**(5,881)**

C. Northern Market

1. Description of Market

a. Market Definition

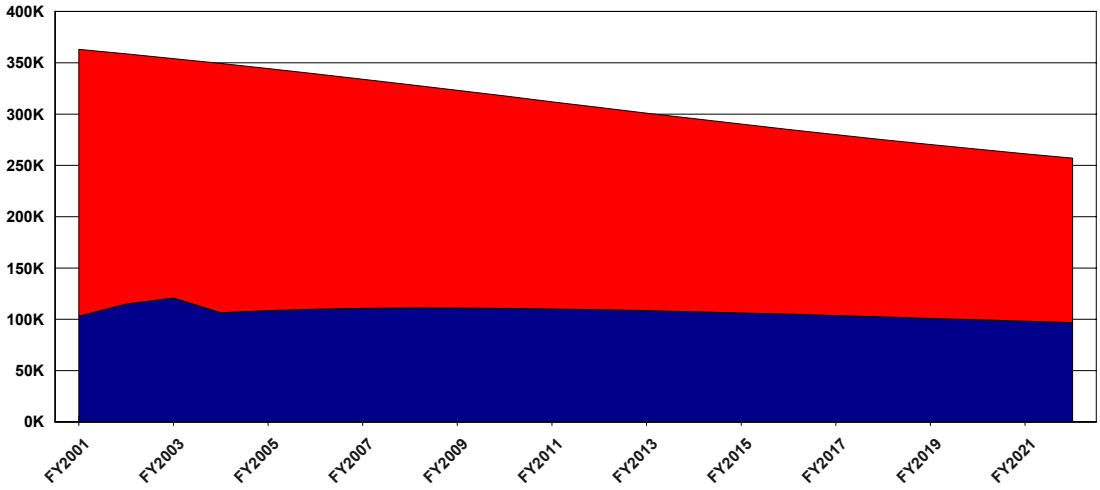
Market	Includes	Rationale	Shared Counties
Northern Market			
Northern Code: 9C	78 counties in Kentucky, 12 in Indiana, 10 in West Virginia, and 2 in Ohio **102 Total Counties**	The North market consists of counties in Kentucky and West Virginia with some bordering counties in Ohio, Indiana and Tennessee. The primary VISN 9 VA Medical Centers that would serve this area are Louisville, Lexington and Huntington VAMC's. Medical Centers from other VISN's that have some overlapping areas are mainly the Cincinnati, and Beckley VAMC's. The major interstates are I-65 and I-64 but a large segment of the eastern portion of this area is highly rural with no interstate access. The major urban area that will require further zip code analysis is Louisville Kentucky. This is a large single market that is proposed to be divided, east-west, into two sub markets one with the Louisville VAMC as the focal point and the second with the Lexington and Huntington VAMC as the focus.	In discussion with VISN 10 it was agreed that there are no shared market issues at this time but there should be continued scrutiny of the interstate corridor between the Lexington and Cincinnati VAMC's.
Sub-market **Northern 1** Code: 9C1	23 counties in Kentucky and 12 in Indiana **35 Total Counties**	This market area was defined based on the high concentration of veterans in and around the Louisville area and secondarily around the Ft. Knox DOD facility. The major interstate is I-65, which serves as the central N/S route. Jefferson county, where the Louisville VAMC is located has a vet pop of over 72,000 and this sub market has a vet pop of over 160,000 veterans and a fast growth rate in comparison to the North 2 sub market with 67 counties a vet pop of 200,000 and a slower rate of growth.	There were no shared county issues identified with VISN 15 or VISN 10.
Sub-market **Northern 2** Code: 9C2	55 counties in Kentucky, 10 in West Virginia, and 2 in Ohio **67 Total Counties**	This area is geographically large and spans both Kentucky and West Virginia. It is defined by interstate I65 E/W and I 75 N/S. The majority of this area is rural with highly rural areas in east Kentucky and West Virginia. While this sub-market is served by, both the Lexington VAMC and the Huntington VAMC, the highest rate of growth is in the Charleston West Virginia area.	Shared county issues were discussed with VISN 10 but no significant issues or shared counties were identified

b. Facility List

Facility	Primary	Hospital	Tertiary	Other
Huntington				
581 Huntington	✔	✔	-	-
581GA Prestonsburg	✔	-	-	-
581GB Charleston	✔	-	-	-
581GD Williamson(Mingo Cnty)	✔	-	-	-
Lexington				
596 Lexington-Leestown	✔	-	-	-
596GA Somerset	✔	-	-	-
596HA Lexington	✔	-	-	-
Lexington - Cooper Division				
596A4 Lexington-Cooper Dr	✔	✔	✔	-
Louisville				
603 Louisville	✔	✔	✔	-
603GA Fort Knox	✔	-	-	-
603GB New Albany IN (Southern Indiana)	✔	-	-	-
603GC Louisville (Jefferson County)	✔	-	-	-
New Grayson County	✔	-	-	-
New Dupont	✔	-	-	-
New Scott County	✔	-	-	-
New Caroll County	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Northern Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care (112,605 enrollees)	A significant gap was found in access to care. This Market area fell short by 60.2% and 44,893 enrollees in meeting the Access to Care Criteria for Primary Care.				
	Access to Hospital Care (112,605 enrollees)					
	Access to Tertiary Care (112,605 enrollees)					
Y	Specialty Care Outpatient Stops	Population Based	185,992	86%	128,592	60%
		Treating Facility Based	182,922	81%	125,591	56%
Y	Psychiatry Inpatient Beds	Population Based	34	68%	16	33%
		Treating Facility Based	34	96%	18	51%
Y	Mental Health Outpatient Stops	Population Based	77,872	95%	44,262	54%
		Treating Facility Based	74,836	104%	45,138	63%
	Primary Care Outpatient Stops	Population Based	91,748	31%	17,737	6%
		Treating Facility Based	73,304	23%	-877	0%
	Surgery Inpatient Beds	Population Based	11	19%	-3	-6%
		Treating Facility Based	11	18%	-4	-6%
	Medicine Inpatient Beds	Population Based	33	22%	-6	-4%
		Treating Facility Based	34	22%	-6	-4%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Focus groups were held throughout the markets within VISN 9. Focus groups consisted of stakeholders, employees, physicians, and congressional staff. Planning initiatives were shared with the focus groups, comments were obtained, documented and included in the development of the planning intiatives. A second round of focus groups were held in which the proposed planning initiatives were shared and input obtained in the development of the final options. In addition, the market workgroups included representation from employees and labor partners.

Concerns and issues were addressed either during the focus groups or by efforts initiated by public affairs officers at the network and facility levels. Included in these initiatives were ongoing newsletters and updates during employee town hall meetings.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

A tertiary level proximity issue existed between the Louisville, Lexington, Cincinnati, and Indianapolis VA Medical Centers. Discussions were held between VISN 10, 11, and 9 concerning the tertiary issues. Reviews of clinical inventories, specific tertiary level services, overlap of utilization between markets were reviewed and considered in the development of the planning initiative option.

The proposed planning intiative option results in consolidation of tertiary care services between the Louisville and Lexington VA Medical Centers. No cross market movement of workload was identified as part of the final planning initiative.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The North Market is comprised of 102 counties, located primarily in Kentucky and West Virginia but serves counties in the adjoining states of Ohio and Indiana. There are three medical centers within the Market, with one hospital having two divisions. The Medical Centers are Louisville VAMC, Lexington (Cooper Drive Division), Lexington (Leestown Division) and Huntington VAMC. Each medical center has supporting community based clinics. A listing of clinics, associated workload, the complete environmental assessment as well as other supporting documentation is provided in the back up file. A Tertiary Care Proximately Planning Initiative was identified for Lexington and Louisville VAMCs. Louisville and Lexington VAMCs are both currently classified as tertiary care facilities and are located with 120 miles of each other. Both Lexington and Louisville VAMCs are within a 120 mile radius of Cincinnati and Indianapolis VAMCs.

Lexington Cooper Drive Division and Louisville VAMC are approximately 60 miles from each other and have similar missions. Huntington VAMC is located approximately 120 miles east of Lexington and has a mission of acute medical surgical with primary care and specialty care. Lexington Leestown Division is primarily long term care and is a referral source for long-term care for other VAMCs in the Network. Other clinical functions provided at Leestown Division include alcohol and drug treatment, primary care and the like. Consolidation of similar programs between Copper Drive and Leestown have been occurring for several years. Space limitations at Cooper Drive have prevented the entire relocation of services and the closure of Leestown Division. Leestown Division is a much older facility, designed in a campus atmosphere with multiple buildings and connecting corridors. Cooper Drive is located adjoining the University of Kentucky Medical School and has modern facilities to support acute care medicine, surgery and associated specialty care.

Louisville VAMC is located in a residential area on the north side of Louisville with no capacity to grow. The topography and the property limitations do not lend themselves to expansion. This 9 story facility was rated the poorest of all facilities in the Network based on its current infrastructure. The physical plant and the poor functional design all contribute to inefficiency of the healthcare process. The Louisville VAMC represents the largest portion of potential growth for the North Market. Demand for services exceeded space capacity several years ago and as a result, 85% of all primary care and 100% of all outpatient mental

health is provided off-site. VA-staffed community based clinics provide outpatient primary care and mental health, while specialty care and inpatient care is provided at the medical center. Fort Knox and Ireland Army Hospital are located within the primary service area of Louisville VAMC and are approximately 30 miles from the medical center. Louisville VAMC has a sharing agreement to provide primary care and certain specialty care services for Fort Knox.

Huntington VAMC is an 80 bed facility, located in a residential area. Primary and specialty care is provided on-site with additional primary care provided at the Charleston, WV CBOC and Prestonsburg, KY CBOC. The Marshall University School of Medicine basic science building is co-located on the VAMC grounds. The facility was originally built in 1932 but in 1993, a new clinical expansion opened housing all inpatient beds, ICU, surgery, radiology, cardiology, lab and other ancillary support functions. Older space is used for outpatient care and ancillary support functions.

Road systems and natural barriers were also considered in looking at potentials for alignments between each facility. Community based clinics are currently located to minimize access difficulties but additional sites of care are needed to meet CARES criteria and projected demand.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Projections for FY02 indicate that less than 70% of the current enrollees have access to primary care within the 30-mile radius allotted within some geographic regions. Less than 65% of enrollees have access to primary care and an additional 5 to 8% will need to be provided access to meet the 70% mandate level. To meet the desired 70% access goal additional staffed and/or contract community based outpatient clinics (CBOCs) should be placed within the market. Establishing new and expanding existing CBOCs will improve access to care in geographic areas which currently do not meet the 70% objective. Consideration will be given to options of VA staffed as well as contractual arrangements based on specific geographic demand and availability of quality healthcare providers. Additional consideration will have to be given to area wide contracts in some rural areas where there is not centralized demand but where the geographic coverage does not meet the 30 minute/mile criteria.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**60%**	41,004	**74%**	28,429	**75%**	24,186
Hospital Care	**87%**	13,599	**88%**	13,471	**88%**	11,242
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours

Highly Rural Counties – within VISN

3. Facility Level Information – Carroll County

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ (99,654,349)
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ (99,654,349)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	18,584	18,584	-	-	-	-	-	-	18,584	$ (53,263,721)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	11,057	11,057	-	-	-	-	-	-	11,057	$ (22,980,105)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**29,641**	**29,641**	**-**	**-**	**-**	**-**	**-**	**-**	**29,641**	**$ (76,243,826)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	9,292	9,292	-	-	-	-	8,900	-	8,900	(392)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	9,177	9,177	-	-	-	-	8,800	-	8,800	(377)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**18,469**	**18,469**	**-**	**-**	**-**	**-**	**17,700**	**-**	**17,700**	**(769)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,145	1,145	-	-	-	-	1,100	-	1,100	(45)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,145**	**1,145**	**-**	**-**	**-**	**-**	**1,100**	**-**	**1,100**	**(45)**

4. Facility Level Information – Dupont

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	27,877	27,877	-	-	-	-	-	-	27,877	$ (79,143,594)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	40,328	40,328	-	-	-	-	-	-	40,328	$ (84,140,410)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**68,205**	**68,205**	**-**	**-**	**-**	**-**	**-**	**-**	**68,205**	**$ (163,284,004)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	13,938	13,938	-	-	-	-	13,000	-	13,000	(938)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	33,472	33,472	-	-	-	-	32,000	-	32,000	(1,472)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**47,410**	**47,410**	**-**	**-**	**-**	**-**	**45,000**	**-**	**45,000**	**(2,410)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	2,939	2,939	-	-	-	-	2,500	-	2,500	(439)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,939**	**2,939**	**-**	**-**	**-**	**-**	**2,500**	**-**	**2,500**	**(439)**

5. Facility Level Information – Grayson County

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	15,487	15,487	-	-	-	-	-	-	15,487	$ (44,530,457)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	5,853	5,853	-	-	-	-	-	-	5,853	$ (12,180,303)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**21,340**	**21,340**	**-**	**-**	**-**	**-**	**-**	**-**	**21,340**	**$ (56,710,760)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	7,744	7,744	-	-	-	-	7,400	-	7,400	(344)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	4,858	4,858	-	-	-	-	4,700	-	4,700	(158)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**12,602**	**12,602**	**-**	**-**	**-**	**-**	**12,100**	**-**	**12,100**	**(502)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	2,200	2,200	-	-	-	-	1,500	-	1,500	(700)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,200**	**2,200**	**-**	**-**	**-**	**-**	**1,500**	**-**	**1,500**	**(700)**

6. Facility Level Information – Huntington

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

Initial interest was expressed by NCA for the development of potential cemetery sites on the grounds of the Huntington VA Medical Center. In discussion with NCA representatives it was determined that the 20 acre available site at Huntington was not suitable for development of new NCA services.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Name of Identified Planning Initiative :Acute Surgery Beds Levels at Huntington VA Medical Center. Specific PI issue requires that the VISN review the viability of the surgical program at the Huntington VAMC. Acute surgical beds at the Huntington VA Medical Center are projected to be at 12 beds in FY 2012 and 10 in FY 2022.

Environmental Assessment:

VISN 9 CARES Northern Marketing composed of 102 counties in Kentucky, West Virginia, and Southern Ohio. The eastern portion of the Northern market includes VAMCs Lexington and Huntington. Presently, VAMCs Lexington and Louisville provide inpatient psychiatry services. VAMC Huntington does not currently have any beds designated for psychiatry. Their inpatient psychiatry is currently accommodated through inpatient beds at VAMC Lexington, VAMC Chillicothe, and community resources. The western portion of the Northern market area includes VAMC Louisville

Analysis:

The issues related to the surgical program including the current levels of activities at both and quality level were reviewed at the Huntington. Cost estimates of a number of options including maintaining an in house VA staffed program versus contracting out services were considered and some preliminary estimates were developed and are included in the backup files. Specific operational information including the clinical inventories , bed levels and distribution within each medical center are noted in the backup filed northern market sub folder. The Huntington VA Medical Center has an acute care mission and the Louisville and Lexington Cooper drive division both have tertiary care missions with the Lexington Leestown division have long term care services. Space functional scores, valuations estimates and vacant space availability, located in the backup filed northern market folder, were all considered in looking at the overall area capacity.

Option 1: Maintain "status quo" with review of quality of care and utilization of current space capacity at 5-year intervals during the 2002 to 2022 time frame.

Option 2: Recommended Option
Maintain current surgical program and for peak periods (2012) of demand, consider contracting for those services that can be accommodated in the Kanawha county area.

Option 3: Contract out all surgical workload

Healthcare Quality and Need: NSQIP data since 1998 has demonstrated that the actual performance, within narrow "confidence limits" actually places Huntington in the "best 1/3rd" for mortality and similar standing for morbidity when compared to National Medical Center performance. Volume issues are more related with disruptions in the FTEE. For example, the availability of an orthopedic surgeon and transitions in replacing anesthesia staff affect volume. In the near term, there is an anticipated increase in total volume of Surgery demand. Failure to provide these services would jeopardize the total quality of care and would reflect negatively on VHA as a medical provider.

A review of expected increase in demand for primary care and specialty services for 2012 and 2022 would increase the demand for surgical support during those years. The major increase is seen in those 23 counties serviced by Huntington. From an analysis of the available CARES portal data, 16 of the 23 counties served by Huntington are in the top 25 counties for current and projected "growth" by 2012 and a decline to either just above or at current workload by 2022. Most of this growth is along the I-64 axis and within a 60-mile radius of Huntington. In addition, the CARES portal data for surgery inpatient demand actually projects a need for 9 additional beds for 2012 and a drop of only 5 of those beds by 2022 (a net increase of 4 from current bed status.)

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	11,686	(2,205)	11,686	(2,205)	234	-	-	-	-	-	11,452	$ (940,335)
Surgery	1,877	(793)	1,878	(792)	113	-	-	-	-	-	1,765	$ -
Intermediate/NHCU	52,375	-	1,994	(50,381)	1,835	-	-	-	-	-	159	$ 205,578,402
Psychiatry	533	(125)	534	(124)	534	-	-	-	-	-	-	$ 463,339
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**66,471**	**(3,123)**	**16,092**	**(53,502)**	**2,716**	**-**	**-**	**-**	**-**	**-**	**13,376**	**$ 205,101,406**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	104,915	(10,772)	104,916	(10,772)	57,703	-	-	-	-	-	47,213	$ (7,229,958)
Specialty Care	101,770	42,864	101,771	42,865	4,071	-	-	-	-	-	97,700	$ (38,127,453)
Mental Health	30,317	12,104	30,317	12,104	18,190	-	-	-	-	-	12,127	$ (3,038,202)
Ancillary & Diagnostics	127,959	19,543	127,959	19,544	10,237	-	-	-	-	-	117,722	$ (11,087,402)
Total	**364,961**	**63,739**	**364,963**	**63,741**	**90,201**	**-**	**-**	**-**	**-**	**-**	**274,762**	**$ (59,483,015)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	23,821	6,361	23,820	6,360	17,460	7,200	-	-	-	-	24,660	840
Surgery	3,284	(697)	3,283	(697)	3,980	-	-	-	-	-	3,980	697
Intermediate Care/NHCU	14,020	-	532	(13,488)	14,020	-	-	-	-	-	14,020	13,488
Psychiatry	865	865	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**41,989**	**6,529**	**27,635**	**(7,825)**	**35,460**	**7,200**	**-**	**-**	**-**	**-**	**42,660**	**15,025**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	51,409	12,380	23,606	(15,423)	39,029	-	-	-	-	-	39,029	15,423
Specialty Care	139,711	77,504	139,711	77,504	62,207	-	-	-	87,000	-	149,207	9,496
Mental Health	23,653	14,618	10,065	1,030	9,035	-	-	-	2,200	-	11,235	1,170
Ancillary and Diagnostics	75,342	34,040	75,342	34,040	41,302	13,335	-	-	23,000	-	77,637	2,295
Total	**290,116**	**138,543**	**248,724**	**97,151**	**151,573**	**13,335**	**-**	**-**	**112,200**	**-**	**277,108**	**28,384**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(19,890)	779	(19,111)	19,890	-	-	-	-	-	19,890	19,111
Administrative	200,637	82,472	127,969	9,804	118,165	9,000	-	-	-	-	127,165	(804)
Other	19,909	-	19,909	-	19,909	-	-	-	-	-	19,909	-
Total	**220,546**	**62,582**	**148,657**	**(9,307)**	**157,964**	**9,000**	**-**	**-**	**-**	**-**	**166,964**	**18,307**

7. Facility Level Information – Lexington-Cooper

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	23,939	6,717	21,696	4,474	21,696	-	-	-	-	-	-	$ 190,496,023
Surgery	11,388	3,477	11,261	3,350	-	-	-	-	-	-	11,261	$ 2,642,043
Intermediate/NHCU	112	-	112	-	-	-	-	-	-	-	112	$ -
Psychiatry	11,513	5,953	11,514	5,954	-	11,514	-	-	-	-	-	$ 147,225,579
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**46,952**	**16,147**	**44,583**	**13,778**	**21,696**	**11,514**	**-**	**-**	**-**	**-**	**11,373**	**$ 340,363,645**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	90,539	31,378	90,539	31,378	21,729	-	-	-	-	-	68,810	$ 33,745,068
Specialty Care	100,833	24,036	100,834	24,037	-	-	-	-	-	-	100,834	$ (6,604,467)
Mental Health	16,280	14,846	896	(538)	896	-	-	-	-	-	-	$ 30,088,066
Ancillary & Diagnostics	138,170	13,997	138,170	13,997	27,634	-	-	-	-	-	110,536	$ (16,318,080)
Total	**345,821**	**84,256**	**330,439**	**68,874**	**50,259**	**-**	**-**	**-**	**-**	**-**	**280,180**	**$ 40,910,587**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	49,795	25,616	-	(24,179)	24,179	-	-	-	-	-	24,179	24,179
Surgery	18,904	7,890	18,693	7,679	11,014	6,878	-	-	2,550	-	20,442	1,749
Intermediate Care/NHCU	200	200	200	200	-	-	-	-	-	-	-	(200)
Psychiatry	22,567	14,062	-	(8,505)	8,505	-	-	-	-	-	8,505	8,505
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**91,467**	**47,769**	**18,893**	**(24,805)**	**43,698**	**6,878**	**-**	**-**	**2,550**	**-**	**53,126**	**34,233**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	45,270	17,405	34,405	6,540	27,865	-	-	-	8,000	-	35,865	1,460
Specialty Care	110,917	11,749	110,917	11,749	99,168	-	-	-	15,000	-	114,168	3,251
Mental Health	13,512	13,512	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	88,429	35,405	70,743	17,719	53,024	-	-	-	18,000	-	71,024	281
Total	**258,128**	**78,071**	**216,065**	**36,008**	**180,057**	**-**	**-**	**-**	**41,000**	**-**	**221,057**	**4,992**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(40,616)	-	(40,616)	40,616	-	-	-	-	-	40,616	40,616
Administrative	144,378	47,065	97,313	-	97,313	-	-	-	-	-	97,313	-
Other	19,455	-	19,455	-	19,455	-	-	-	-	-	19,455	-
Total	**163,833**	**6,449**	**116,768**	**(40,616)**	**157,384**	**-**	**-**	**-**	**-**	**-**	**157,384**	**40,616**

8. Facility Level Information – Lexington

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Overview: VISN 9 CARES Northern Market has a proximity of tertiary care overlap within VISN 9 between Lexington and Louisville. There was also overlap noted between networks with an overlap between the Louisville VAMC and Indianapolis VAMC in VISN 10, facilities are 117 miles apart. Overlap was also noted between the VISN 10 Cincinnati VAMC and VISN 10 Lexington. Environmental Assessment:The North Market of the Mid South Healthcare Network (VISN 9) is comprised of 102 counties, located primarily in Kentucky and West Virginia but serves counties in the adjoining states of Ohio and Indiana. There are three medical centers within the Market, with one hospital having two divisions. The Medical Centers are Louisville VAMC, Lexington (Cooper Drive Division), Lexington (Leestown Division) and Huntington VAMC. Each medical center has supporting community-based clinics. A Tertiary Care Proximately Planning Initiative was identified for Lexington and Louisville VAMC's. Louisville and Lexington VAMC's are both currently classified as tertiary care facilities and are located with 120 miles of each other. Both Lexington and Louisville VAMC's are within a 120-mile radius of Cincinnati and Indianapolis VAMC's.

Objective: Address proximity issue of tertiary care facilities Lexington and Louisville, also address proximity to tertiary facilities in Indianapolis, IN and Cincinnati, OH. Summary: The North Market proximity issue initially focused on options to enhance efficiencies in providing tertiary care services by VAMC's in Lexington and Louisville, Kentucky as well as Indianapolis, Indiana and Cincinnati, Ohio. Review of clinical inventories at all four sites revealed a redundancy in the delivery of tertiary care services. Discussions were held jointly with VISN 10 and VISN 11 to address the potential for collaboration. It was found that the majority of tertiary care services were currently being provided at each site by the respective affiliate under contractual agreements. Review of the

data showed that there was insufficient capacity at any one site to consolidate these services, that in-house costs were higher than contract costs and that the current alignment was cost-effective. Based on enhanced access to care and no identified cost-savings, it was the consensus that the current arrangement with the affiliates was the most cost-effective option now. However, this does not preclude investigating the option of 1) awarding a contract to a "centralized provider" or 2) seeking competitive bids in each local market.
(Option 2 is the preferred method)

Option 1. Maintain status quo. Both Lexington and Louisville facilities are engaged in affiliate programs and provide similar services to veterans of Kentucky and Southern Indiana. There is some overlap of care across primary service areas. The Louisville VAMC has significant infrastructure issues that warrant either 1) extensive renovation of the existing medical center plus new construction of additional space or 2) construction of a new tertiary care facility. Data suggests that maintaining infrastructure at both Lexington and Louisville, renovating existing space or building new space at Louisville is not financially viable. Furthermore, activation of any VA new construction project would most likely occur after the peak period of patient demand. Option 2. Realign the Lexington and Louisville medical centers into a healthcare delivery system with complimentary missions. This option affords the VA significant opportunities to provide services in a more cost-effective manner and does not negatively impact access or quality. The components of this proposal are consistent with CARES and VISN 9 criteria and assumptions. The major strategic goals are to 1) consolidate VA provided services in Lexington to the Leestown campus, 2) dispose of the Cooper Drive property and 3) to align services to achieve a complementary

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

North Market Collaborative Enhanced Use Lease

Overview:

The Northern market consists of the Huntington, WV, Lexington, KY (a two division facility) and Louisville KY Medical Centers. Vacant space at the respective Medical Centers is 23,000 DGSF, 259,000 DGSF and 0 DGSF. Based on the models used to project space based on medical center workload, services and staffing demonstrated that Huntington, Lexington CDD and Louisville were deficient 166,000 DGSF, 61,000 DGSF and 204,000 DGSF respectively. This same analysis demonstrated that the Lexington LD had excess space of 449,000 DGSF, therefore providing the only real opportunity for disposal and/or enhanced use lease of space in the Northern Market.

Objective:

- Reduce total vacant space 10% by beginning of FY2004.
- Reduce total vacant space 30% by beginning of FY2005.
- Reduce vacant space at the Lexington LD through the use of an enhance use agreement, excess of property and/or demolition of building excess of needs.

Name of Identified Planning Initiative: Reduction of Vacant Space.

Environmental assessment:

The Lexington LD, comprising 135 acres and 750,000 GSF of campus type buildings, was activated in 1931. ESH proposes to establish a cooperative agreement with VAMC Lexington to relocate their entire hospital operation to the Lexington LD site. ESH would lease space in the two vacant buildings (27and 28) and take over entire usage of the partially VA occupied buildings (16 and 29). This option reduces vacant space at the Lexington LD by 55% in addition to generating a positive revenue stream for the life of the Enhanced Use Agreement.

Option 1:
To establish an Enhanced Use agreement with Eastern State Hospital (ESH) for 250,000 gross square feet and 40 to 50 acres of the currently vacant space at the Lexington LD.

Eastern State Hospital (ESH) proposes to establish an Enhanced Use Lease agreement with VAMC Lexington to relocate their entire hospital operation to the Lexington LD site. ESH would lease space in the two vacant buildings (27, 28) and take over entire usage of the partially VA occupied buildings (16, 29). The base agreement would include utilities and services such as recurring maintenance, trash removal, fire protection, grounds keeping, snow removal and parking. ESH is also interested in purchasing services or leasing additional space from the VA for their operations (such as laboratory testing, phlebotomy, radiology, dental, rehab, food production, SPD & sterilization; linen and extended maintenance & repair services). ESH may lease other facilities for recreational opportunities (i.e. ball fields, basketball courts, miniature golf, rehab programs and the like). Preliminary estimates establish ESH space requirements at 250,000 gross square feet and 40 to 50 acres. The Enhanced Use Lease authority is a minimum 20-year term to establish a direct lease agreement for the buildings and property. VA Lexington would retain ownership and be reimbursed for renovating facilities, leasing space and providing various services. Overhead costs would be supported from the gross annual income, which could exceed $5 million.

Option 2
Status quo- Leave current space vacant at Lexington LD.

STAFFING AND COMMUNITY

Staff Impact
The plans to utilize unassigned vacant space at the Leestown Division will have no negative impact on staffing at the medical center nor will the plans to effectively utilize vacant space negatively impact the community's healthcare

delivery systems and local economy. Focus groups are utilized to communicate service delivery options with all stakeholders.

Community Impact
In this proposal, the impact on the communities served will be positive. Increased access to services will benefit veterans from the area, reducing their travel time for needed care. At the new access points, community providers may be utilized to provide care.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	90	(128)	91	(127)	89	-	-	-	-	-	2	$ -
Surgery	4	(38)	4	(38)	4	-	-	-	-	-	-	$ -
Intermediate/NHCU	76,545	-	2,643	(73,902)	1,851	-	-	-	-	-	792	$ 380,598,438
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**76,639**	**(166)**	**2,738**	**(74,067)**	**1,944**	**-**	**-**	**-**	**-**	**-**	**794**	**$ 380,598,438**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	28,753	(1,443)	28,754	(1,443)	21,853	-	-	-	-	-	6,901	$ 1,703,654
Specialty Care	29,456	19,578	29,456	19,578	10,605	-	-	-	-	-	18,851	$ (7,456,003)
Mental Health	30,650	8,437	46,034	23,822	10,421	-	-	-	-	-	35,613	$ (24,382,157)
Ancillary & Diagnostics	27,541	(1,899)	27,541	(1,899)	15,148	-	-	-	-	-	12,393	$ (361,741)
Total	**116,400**	**24,673**	**131,785**	**40,058**	**58,027**	**-**	**-**	**-**	**-**	**-**	**73,758**	**$ (30,496,247)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	6	6	4	4	-	-	-	-	-	-	-	(4)
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	26,630	-	918	(25,712)	26,630	-	-	-	-	-	26,630	25,712
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**26,636**	**6**	**922**	**(25,708)**	**26,630**	**-**	**-**	**-**	**-**	**-**	**26,630**	**25,708**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	13,514	2,443	3,450	(7,621)	11,071	-	-	-	-	-	11,071	7,621
Specialty Care	31,106	20,908	31,104	20,906	10,198	-	-	-	21,000	-	31,198	94
Mental Health	24,931	10,292	29,559	14,920	14,639	14,000	-	-	3,400	-	32,039	2,480
Ancillary and Diagnostics	11,898	3,365	11,897	3,364	8,533	3,200	-	-	-	-	11,733	(164)
Total	**81,448**	**37,007**	**76,010**	**31,569**	**44,441**	**17,200**	**-**	**-**	**24,400**	**-**	**86,041**	**10,031**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	32,738	32,738	-	32,000	-	-	-	-	32,000	(738)
Administrative	162,126	55,706	110,420	4,000	106,420	4,000	-	-	-	-	110,420	-
Other	10,109	-	10,109	-	10,109	-	-	-	-	-	10,109	-
Total	**172,235**	**55,706**	**153,267**	**36,738**	**116,529**	**36,000**	**-**	**-**	**-**	**-**	**152,529**	**(738)**

9. Facility Level Information – Louisville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Overview: VISN 9 CARES Northern Market has a proximity of tertiary care overlap within VISN 9 between Lexington and Louisville. There was also overlap noted between networks with an overlap between the Louisville VAMC and Indianapolis VAMC in VISN 10, facilities are 117 miles apart. Overlap was also noted between the VISN 10 Cincinnati VAMC and VISN 10 Lexington.
Environmental Assessment:The North Market of the Mid South Healthcare Network (VISN 9) is comprised of 102 counties, located primarily in Kentucky and West Virginia but serves counties in the adjoining states of Ohio and Indiana. There are three medical centers within the Market, with one hospital having two divisions. The Medical Centers are Louisville VAMC, Lexington (Cooper Drive Division), Lexington (Leestown Division) and Huntington VAMC. Each medical center has supporting community-based clinics. A Tertiary Care Proximately Planning Initiative was identified for Lexington and Louisville VAMC's. Louisville and Lexington VAMC's are both currently classified as tertiary care facilities and are located with 120 miles of each other. Both Lexington and Louisville VAMC's are within a 120-mile radius of Cincinnati and Indianapolis VAMC's.

Objective: Address proximity issue of tertiary care facilities Lexington and Louisville, also address proximity to tertiary facilities in Indianapolis, IN and Cincinnati, OH. Provide accessible, high quality tertiary care.
Summary: The North Market proximity issue initially focused on options to enhance efficiencies in providing tertiary care services by VAMC's in Lexington and Louisville, Kentucky as well as Indianapolis, Indiana and Cincinnati, Ohio. Review of clinical inventories at all four sites revealed a redundancy in the delivery of tertiary care services. Discussions were held jointly with VISN 10 and VISN 11 to address the potential for collaboration. It was found that the

majority of tertiary care services were currently being provided at each site by the respective affiliate under contractual agreements. Review of the data showed that there was insufficient capacity at any one site to consolidate these services, that in-house costs were higher than contract costs and that the current alignment was cost-effective. Based on enhanced access to care and no identified cost-savings, it was the consensus that the current arrangement with the affiliates was the most cost-effective option now. However, this does not preclude investigating the option of 1) awarding a contract to a "centralized provider" or 2) seeking competitive bids in each local market.

(Option 2 is the preferred method)

Option 1. Maintain status quo. Both Lexington and Louisville facilities are engaged in affiliate programs and provide similar services to veterans of Kentucky and Southern Indiana. There is some overlap of care across primary service areas. The Louisville VAMC has significant infrastructure issues that warrant either 1) extensive renovation of the existing medical center plus new construction of additional space or 2) construction of a new tertiary care facility. Data suggests that maintaining infrastructure at both Lexington and Louisville, renovating existing space or building new space at Louisville is not financially viable. Furthermore, activation of any VA new construction project would most likely occur after the peak period of patient demand. Option 2. Realign the Lexington and Louisville medical centers into a healthcare delivery system with complimentary missions. This option affords the VA significant opportunities to provide services in a more cost-effective manner and does not negatively impact access or quality. The components of this proposal are consistent with CARES and VISN 9 criteria and assumptions. The major strategic goals are to 1) consolidate VA provided services in Lexington to the Leestown campus, 2) dispose of the Cooper Drive property and 3) to align services to achieve a complementary

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

There are three medical centers within the Northern Market, with one hospital having two divisions. The Medical Centers are Louisville VAMC, Lexington (Cooper Drive Division), Lexington (Leestown Division) and Huntington VAMC.
.
There is one major active military facility in the Northern market and while there are some smaller national guard and reserve sites there are no other major opportunities for collaboration. The primary opportunity for collaboration exists between VAMC Louisville and Ft. Knox, a military installation located in an adjoining county from Louisville VAMC. There is a very n active alignment between the two facilities

Louisville VAMC is located in a residential area on the north side of Louisville with no capacity to grow. The topography and the property limitations do not lend themselves to expansion. The 9 story facility, built in 1952 was rated the poorest of all facilities in the Network based on its current infrastructure. The physical plant and the poor functional design all contribute to inefficiency of the healthcare process. The Louisville VAMC represents the largest portion of potential growth for the North Market. Space limitations have required innovative approaches to meet the growing workload. Demand for services exceeded space capacity several years ago and as a result, 85% of all primary care

and 100% of all outpatient mental health is provided off-site. VA-staffed community based clinics provide outpatient primary care and mental health, while specialty care and inpatient care is provided at the medical center. This action negated the need for additional patient parking on a site with extremely limited space for expansion.

Fort Knox and Ireland Army Hospital are located within the primary service area of Louisville VAMC and are approximately a 50 minute drive time apart though the distance of Forth Knox is just over 35 miles from the medical center. Louisville VAMC has a sharing agreement to provide primary care and certain specialty care services for Fort Knox. The Northern market planning process included representation and discussions with DoD officials and the potential opportunity for collaboration were considered.

Road systems and natural barriers were also considered in looking at potentials for alignments between Louisville VAMC and Ft. Knox.

Option I: Maintain the present system of sharing agreements to provide primary care and other limited specialty care of active duty personnel at facilities located on the grounds of Fort Knox. Option 1 was selected as the preferred option based on the success of the current system and the lack of capacity to absorb workload at Louisville VAMC. The current process allows DoD to solicit a competitive price for services. Analysis of the current and projected demands, both in primary care and specialty care validated the capacity issue and the resulting negative impact to VA operations. Inpatient demands for DoD were reviewed; however, the majority of inpatient care is for services centered in the area of care for women and children and neither found on the clinical inventory for VAMC Louisville nor believed to be cost effective to develop as new clinical specialties within the VA Medical Center. Projections for VAMC Louisville indicate an increase demand for outpatient services, thus the additional workload created by DOD would quickly overwhelm VAMC capacity.

It was jointly agreed that as currently configured, VAMC Louisville does not have capacity to absorb DoD workload on within its system nor is it's location suitable to expanding programs. In the event Louisville VAMC relocates to a new facility, the physical location may enhance the ability of VA and DoD to develop a collaborative project. See backup folder for complete north market DOD Collaboration Narrative.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA representation was included in the market planning group and interest in the potential for the development of a single site of service between VHA and VBA was identified. VBA identified a potential need for 60,000 square feet. One option that was considered was a potential joint venture in conjunction with a build-lease arrangement of a new medical center along with the affiliated medical school.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	22,362	6,156	24,607	8,401	-	-	-	-	-	-	24,607	$ (54,922,917)
Surgery	8,220	642	8,348	770	84	-	-	-	-	-	8,264	$ (5,848,950)
Intermediate/NHCU	59,943	-	59,694	(249)	58,501	-	-	-	-	-	1,193	$ 22,368,103
Psychiatry	9,227	4,582	9,227	4,582	9,227	-	-	-	-	-	-	$ 84,263,637
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**99,752**	**11,380**	**101,876**	**13,504**	**67,812**	**-**	**-**	**-**	**-**	**-**	**34,064**	**$ 45,859,873**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	170,186	54,137	88,105	(27,944)	72,789	-	-	-	-	-	15,316	$ 282,123,785
Specialty Care	176,383	96,443	176,384	96,444	24,694	-	-	-	-	-	151,690	$ (45,719,048)
Mental Health	69,548	39,445	4,506	(25,597)	-	-	-	-	-	-	4,506	$ 115,665,744
Ancillary & Diagnostics	162,600	43,545	162,600	43,545	42,276	-	-	-	-	-	120,324	$ (16,640,331)
Total	**578,717**	**233,569**	**431,595**	**86,447**	**139,759**	**-**	**-**	**-**	**-**	**-**	**291,836**	**$ 335,430,150**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	46,515	30,405	51,183	35,073	16,110	-	31,500	-	-	-	47,610	(3,573)
Surgery	17,580	5,970	17,850	6,240	11,610	5,500	-	-	-	-	17,110	(740)
Intermediate Care/NHCU	4,330	-	4,309	(21)	4,330	-	-	-	-	-	4,330	21
Psychiatry	22,514	14,144	-	(8,370)	8,370	-	-	-	-	-	8,370	8,370
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**90,939**	**50,519**	**73,342**	**32,922**	**40,420**	**5,500**	**31,500**	**-**	**-**	**-**	**77,420**	**4,078**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	75,733	31,808	7,658	(36,267)	43,925	-	-	-	-	-	43,925	36,267
Specialty Care	195,680	118,790	195,680	118,790	76,890	-	-	-	118,000	-	194,890	(790)
Mental Health	50,799	40,849	3,740	(6,210)	9,950	-	-	-	-	-	9,950	6,210
Ancillary and Diagnostics	94,698	47,518	77,007	29,827	47,180	-	-	-	29,000	-	76,180	(827)
Total	**416,910**	**238,965**	**284,085**	**106,140**	**177,945**	**-**	**-**	**-**	**147,000**	**-**	**324,945**	**40,860**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(23,165)	16,977	(6,188)	23,165	-	-	-	-	-	23,165	6,188
Administrative	329,229	179,818	192,130	42,719	149,411	35,000	-	-	-	-	184,411	(7,719)
Other	17,055	-	17,055	-	17,055	-	-	-	-	-	17,055	-
Total	**346,284**	**156,653**	**226,162**	**36,531**	**189,631**	**35,000**	**-**	**-**	**-**	**-**	**224,631**	**(1,531)**

10. Facility Level Information – Scott County

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	20,133	20,133	-	-	-	-	-	-	20,133	$ (57,684,084)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	7,805	7,805	-	-	-	-	-	-	7,805	$ (16,217,241)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**27,938**	**27,938**	**-**	**-**	**-**	**-**	**-**	**-**	**27,938**	**$ (73,901,325)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	10,066	10,066	-	-	-	-	9,800	-	9,800	(266)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	6,478	6,478	-	-	-	-	6,200	-	6,200	(278)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**16,544**	**16,544**	**-**	**-**	**-**	**-**	**16,000**	**-**	**16,000**	**(544)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	2,900	2,900	-	-	-	-	2,000	-	2,000	(900)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,900**	**2,900**	**-**	**-**	**-**	**-**	**2,000**	**-**	**2,000**	**(900)**

D. Western Market

1. Description of Market

a. Market Definition

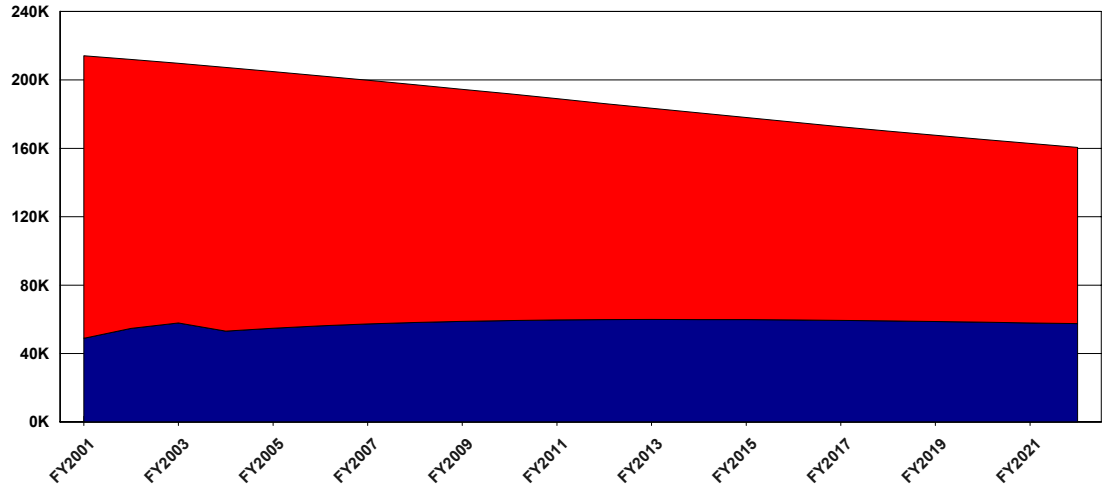
Market	Includes	Rationale	Shared Counties
Western Code: 9D	20 counties in Tennessee, 25 in Mississippi, and 8 in Arkansas 53 Total Counties	The West market consists mainly of counties in Tennessee with border areas of Mississippi and Arkansas. This area has traditionally been served by the Memphis VAMC and there are some natural boundaries including the Mississippi and Tennessee rivers and central interstate I-55 and I-40 systems that served as the central defining aspects of this area. The Memphis designated urban area will require additional zip code analysis for future market segmentation.	This market area shares borders with VISN 16 and 15 but there was no identification of any shared market issues with either VISN.

b. Facility List

Facility	Primary	Hospital	Tertiary	Other
Memphis				
614 Memphis	✔	✔	✔	-
614GA Smithville	✔	-	-	-
614GB Jonesboro	✔	-	-	-
614GC Byhalia (Marshall County)	✔	-	-	-
614GD Savannah (Hardin County)	✔	-	-	-
New Dyer County	✔	-	-	-
New Madison County	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Western Market			**Februrary 2003 (New)**			
Market PI	**Category**	**Type Of Gap**	**FY2012 Gap**	**FY2012 %Gap**	**FY2022 Gap**	**FY2022 %Gap**
Y	Access to Primary Care (54,752 enrollees)	A significant gap was found in access to care. This Market area fell short by 53.2% and 25,822 enrollees in meeting the Access to Care Criteria for Primary Care.				
	Access to Hospital Care (54,752 enrollees)					
	Access to Tertiary Care (54,752 enrollees)					
Y	Medicine Inpatient Beds	Population Based	**41**	**54%**	**24**	**32%**
		Treating Facility Based	**40**	**51%**	**22**	**28%**
Y	Specialty Care Outpatient Stops	Population Based	**71,233**	**55%**	**58,743**	**46%**
		Treating Facility Based	**62,562**	**48%**	**49,846**	**38%**
Y	Primary Care Outpatient Stops	Population Based	**66,297**	**57%**	**45,398**	**39%**
		Treating Facility Based	**61,016**	**52%**	**39,929**	**34%**
	Mental Health Outpatient Stops	Population Based	**52,750**	**98%**	**35,860**	**67%**
		Treating Facility Based	**48,158**	**108%**	**33,610**	**76%**
	Psychiatry Inpatient Beds	Population Based	**22**	**34%**	12	18%
		Treating Facility Based	**24**	**54%**	14	**33%**
	Surgery Inpatient Beds	Population Based	6	15%	-1	-2%
		Treating Facility Based	6	13%	-1	-3%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Focus groups were held throughout the markets within VISN 9. Focus groups consisted of stakeholders, employees, physicians, and congressional staff. Planning initiatives were shared with the focus groups, comments were obtained, documented and included in the development of the planning intiatives. A second round of focus groups were held in which the proposed planning initiatives were shared and input obtained in the development of the final options. In addition, the market workgroups included representation from employees and labor partners.

Concerns and issues were addressed either during the focus groups or by efforts initiated by public affairs officers at the network and facility levels. Included in these initiatives were ongoing newsletters and updates during employee town hall meetings.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

VISN 9 CARES Western Market Group is composed of 53 counties in Western Tennessee, Northern Mississippi, and Eastern Arkansas. Its population density is characterized by a single large metropolitan area near its center (Memphis and Shelby County) with large very rural areas. No other large VA facilities are available within 120-mile radius.

Data at the county level was reviewed for the entire West Market in order to assess the level of access patients have and are projected to have relative to the Primary Care, Acute, and Tertiary standards. Data sources included VSSC and PSSG models, as well as the CARES supply and demand data. There are clear gaps in access to Primary Care, Specialty Care; inpatient beds; Mental Health Care and in the availability of long term care beds for Spinal Cord Injury.

The actual demand by veterans for all care needs is projected to peak in 2012 – such as the increase in primary care enrollment from 49,000 veterans, in 2001, to 60,000 veterans in 2012.This is a 20% increase in demand. By the year 2012 that 20% increase will have a slight decline to only a 19% increase in demand over FY 2001. This trend of increase and decline is the same in all identified gaps for the Western Market.

Within the existing enrollment pattern, the majority of the Western Market veterans are currently served at the Memphis VAMC and its outpatient clinics, with approximately 6, 000 veterans enrolled in four (4) CBOCs located to the southeast of the medical center in Smithville and Byhalia, Mississippi, to the east of the medical center in Savannah, Tennessee and to the northwest of the medical center in Jonesboro, Arkansas.

The VAMC Memphis is centrally located in the Western Market, which is essentially a large very rural area, with very few areas of high population density. The north and northeast corridors, though largely rural, do have two significant population areas - Jackson, Tennessee, and Dyersburg, Tennessee, which are both becoming natural population growth centers and have been selected to answer access and penetration issues for the Western market by establishing a VA-staffed CBOC in the Jackson, TN area. To the southwest and west of the medical center, the area is even more rural area and the plan is to establish at least 15 smaller, contract CBOCs. These access points will provide appropriate accessibility and increased enrollment from the primary care. See maps 1,2,3 and 4 – for current

and proposed facilities and CBOC patterns for the Western Market and the proposed sites.

In determining specific counties and cities in which to place CBOC, whether VA staffed or contract, a number of maps were generated to show the distance in miles as well as drive time calculations for veterans in the Western Market. See attachment Map 4

It was determined through research that a majority of the counties of the Western market can provide inpatient services at small hospitals (bed capacity 50 to 100), if necessary. Not surprisingly, the prevalence of subspecialists is scattered and limited in most of the rural counties. Therefore, only a few counties in the Western Market have the resources and providers to meet the special care needs of the general veteran population. See items 1-4 in unabridged document in the Back up folder.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Projections for FY02 indicate that less than 70% of the current enrollees have access to primary care within the 30-mile radius allotted within some geographic regions. Less than 65% of enrollees have access to primary care and an additional 5 to 8% will need to be provided access to meet the 70% mandate level. To meet the desired 70% access goal additional staffed and/or contract community based outpatient clinics (CBOCs) should be placed within the market. Establishing new and expanding existing CBOCs will improve access to care in geographic areas which currently do not meet the 70% objective. Consideration will be given to options of VA staffed as well as contractual arrangements based on specific geographic demand and availability of quality healthcare providers. Additional consideration will have to be given to area wide contracts in some rural areas where there is not centralized demand but where the geographic coverage does not meet the 30 minute/mile criteria.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**53%**	22,907	**76%**	14,358	**77%**	13,217
Hospital Care	**66%**	16,390	**67%**	19,628	**68%**	18,240
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – Dyer County

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	7,979	7,979	-	-	-	-	-	-	7,979	$ (21,620,549)
Specialty Care	-	-	5,321	5,321	-	-	-	-	-	-	5,321	$ (18,798,610)
Mental Health	-	-	4,303	4,303	-	-	-	-	-	-	4,303	$ (5,273,427)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**17,603**	**17,603**	**-**	**-**	**-**	**-**	**-**	**-**	**17,603**	**$ (45,692,586)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	4,229	4,229	-	-	-	-	4,100	-	4,100	(129)
Specialty Care	-	-	5,853	5,853	-	-	-	-	5,000	-	5,000	(853)
Mental Health	-	-	3,571	3,571	-	-	-	-	3,000	-	3,000	(571)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**13,653**	**13,653**	**-**	**-**	**-**	**-**	**12,100**	**-**	**12,100**	**(1,553)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,600	1,600	-	-	-	-	1,600	-	1,600	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,600**	**1,600**	**-**	**-**	**-**	**-**	**1,600**	**-**	**1,600**	**-**

4. Facility Level Information – Madison County

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	15,958	15,958	-	-	-	-	-	-	15,958	$ (42,638,368)
Specialty Care	-	-	21,286	21,286	-	-	-	-	-	-	21,286	$ (71,503,708)
Mental Health	-	-	8,606	8,606	-	-	-	-	-	-	8,606	$ (11,798,966)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**45,850**	**45,850**	**-**	**-**	**-**	**-**	**-**	**-**	**45,850**	**$ (125,941,042)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	8,458	8,458	-	-	-	-	8,300	-	8,300	(158)
Specialty Care	-	-	23,415	23,415	-	-	-	-	23,000	-	23,000	(415)
Mental Health	-	-	7,143	7,143	-	-	-	-	6,900	-	6,900	(243)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**39,016**	**39,016**	**-**	**-**	**-**	**-**	**38,200**	**-**	**38,200**	**(816)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	2,250	2,250	-	-	-	-	2,000	-	2,000	(250)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,250**	**2,250**	**-**	**-**	**-**	**-**	**2,000**	**-**	**2,000**	**(250)**

5. Facility Level Information – Memphis

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	37,168	12,501	37,169	12,502	3,716	-	-	-	-	-	33,453	$ (17,517)
Surgery	14,735	1,730	14,735	1,730	148	-	-	-	-	-	14,587	$ -
Intermediate/NHCU	93,469	-	3,185	(90,284)	2,899	-	-	-	-	-	286	$ 333,654,978
Psychiatry	21,034	7,407	21,034	7,407	2,103	-	-	-	-	-	18,931	$ 2,636,083
PRRTP	50	-	50	-	-	-	-	-	-	-	50	$ (934,841)
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	21,140	-	10,288	(10,852)	-	-	-	-	-	-	10,288	$ 133,783,092
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**187,596**	**21,638**	**86,461**	**(79,497)**	**8,866**	**-**	**-**	**-**	**-**	**-**	**77,595**	**$ 469,121,795**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	179,351	61,017	155,414	37,080	20,745	-	-	-	-	-	134,669	$ 51,835,082
Specialty Care	193,880	62,562	167,273	35,955	23,060	-	-	-	-	-	144,213	$ 87,656,299
Mental Health	92,554	48,156	79,646	35,248	11,188	-	-	-	-	-	68,458	$ (1,846,909)
Ancillary & Diagnostics	254,560	122,752	254,561	122,753	38,184	-	-	-	-	-	216,377	$ (23,847,853)
Total	**720,345**	**294,487**	**656,894**	**231,036**	**93,177**	**-**	**-**	**-**	**-**	**-**	**563,717**	**$ 113,796,619**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)											
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Medicine	77,312	41,637	69,582	33,907	35,675	23,227	-	-	13,300	-	72,202	2,620
Surgery	24,799	(10,077)	24,798	(10,078)	34,876	-	-	-	-	-	34,876	10,078
Intermediate Care/NHCU	12,782	-	435	(12,347)	12,782	-	-	-	-	-	12,782	12,347
Psychiatry	34,075	13,577	30,668	10,170	20,498	16,000	-	-	-	-	36,498	5,830
PRRTP	13,594	-	13,594	-	13,594	-	-	-	-	-	13,594	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	(61,339)	29,851	(31,488)	61,339	-	-	-	-	-	61,339	31,488
Blind Rehab	61,339	61,339	-	-	-	-	-	-	-	-	-	-
Total	**223,901**	**45,137**	**168,928**	**(9,836)**	**178,764**	**39,227**	**-**	**-**	**13,300**	**-**	**231,291**	**62,363**
	Space (GSF) (from demand projections)											
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Primary Care	84,600	37,456	71,375	24,231	47,144	-	-	-	22,000	-	69,144	(2,231)
Specialty Care	200,472	40,905	158,634	(933)	159,567	-	-	-	-	-	159,567	933
Mental Health	72,211	55,123	56,820	39,732	17,088	-	-	-	45,000	-	62,088	5,268
Ancillary and Diagnostics	184,608	100,200	160,119	75,711	84,408	-	-	-	75,000	-	159,408	(711)
Total	**541,891**	**233,684**	**446,948**	**138,741**	**308,207**	**-**	**-**	**-**	**142,000**	**-**	**450,207**	**3,259**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Research	-	(65,664)	71,306	5,642	65,664	5,000	-	-	-	-	70,664	(642)
Administrative	357,526	119,100	245,888	7,462	238,426	8,000	-	-	-	-	246,426	538
Other	36,657	-	36,657	-	36,657	-	-	-	-	-	36,657	-
Total	**394,183**	**53,436**	**353,851**	**13,104**	**340,747**	**13,000**	**-**	**-**	**-**	**-**	**353,747**	**(104)**